10406 CERTIFICATE OF STATE OF HEALTH CERTIFICATE OF DEATH

10381

FOR MEDICAL	L EXAMINERS	Reg. Dist. No	0. 22
1. PLACE OF DEATH. COUNTY (Mrst) are all MARYLAND	2. USUAL RESIDENCE (HON STATE	ME) OF DECEASED.	Y
OR give nearest town less than the RURAL and LENGTH OF STAY TOWN	TOWN	luits, write RURAL and give	ve nearest town)
HOSPITAL OR INSTITUTION OR 121/20 Cod.	ADDRESS	(If rural, give location)	/
3. NAME OF DECEASED (First) (Middle) (Type or Print)	rskilleddens 1	DATE (Month) OF DEATH	(Day) (Year)
5. SEX 8. COLOR OR RACE 7. SHOULE, MARRIED, WIDOWED, DIVORGED, (Specify)	8. DATE OF BIRTH 9.	AGE last birthday If under Months	Days Hunder 24 hrs
done during most of working life, even if etired) INDUSTRY	Beltombe MR	restand o	COUNTRY?
13. PATHER'S NAME adomski	Vallen	Co azoroies	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 2/5-0/-3012	MAN Calan	refi (fils)
18. MEDICAL CE	RTIFICATION	/	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH #20./ Immediate cause (a) Leading to Death	Delusion	and the same of th	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(a) Disease or conditions, if any, giving rise to the above cause stating the underlying caucalast		en transmission d'ambachdad independad (and administrative in the independent appeal and a second a second and a second a	And the set of the beauty and party a company between group of the
(c)			1
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			Yes No F
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOV	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED OF While at Not while INJURY at work at work	HOW DID INJURY OCCU	£?	
22. I certify that I took charge of the remains described above, held an Antopsy Inspection or Inquiry, find that said dece from: notweat causes X, arcident, suicide, homicide, SIGNATURE	ased died on the dry sluted a undetermined ADDRESS	nguiry of thereon and bove, and death in my	from the evidence opinion resulted DATE SIGNED
REMINIAL SUPPLIES DATE THEREOF NAME OF CEMETE	anuleus &	ATION (City town, or coup)	Chil
HEG. 16, 1955 Cara Sachup	24. FUNERAL DIRECTOR	Frink Sley	Gume hel

Dealba

BUREAU V. E.

9561 41 70

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d hours after death.

CERTIFICATE OF DEATH 10407

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1		7.8	1	m.
	1		7	

ler this	MARYLAND STATE DEPARTMEN	TOF HEALTH-BALTIMORE, 18	10382
₹ >	10497 CERTIFICATE	OF DEATH	
death.		Reg. Dist	I. No. 24
重量 另外	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
20 000	COUNTY HNE AYUNGCLMARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE COUNTY TO	prest town)
- U	OR and give naurast town) YOWN SEVERN & Park. 2 443	10WN SEVENUE PS	vk X
e =	HOSPITAL OR INSTITUTION OR STREET ADDRESS MD.	ADDRESS 143 BOONE	Trail-1
strar within the funeral	3. NAME OF DECEASED (First) (Middle) ASH	(Last) 4. DATE (Month) OF DEATH NOV	(Day) (Year)
he registrar in by the	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, 8. DATE OF STREET, SPACE (Spacify)	F BIRTH 9. AGE last birthday IF UNDEL Months	R 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
# TO .	done during most of working life, onen if OR INDUSTRY	11. BIRTHFLACE (State or foraign country)	Z. CITIZEN OF WHAT COUNTRY?
filed wit tely fills it permit	13. FATHER'S NAME ,	14. MOTHER'S MAIDEN NAME	ice is
complete	SAMUEL HOOPE V	17. INFORMANT & ADDRESS DA WOLLTON	NS.
rtificate be fill and complete burial transit	(Yes, no, for unk.) (If Yas give war or dates of service)	Mrs Rizer Seve	Mud Pavt
0 "	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
es as	459 MARDIATE CAUSE (A) DUrenja	3.	
= 0.0	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	ized arteriorelessi	40
Che che	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
equire deta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
by the	196. MAJOR FINDINGS OF OPERATION		YES NO
a =	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Tie, WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (Stata) .
TOR: The executed smbly sho	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While No while at work at work	21f. HOW DID INJURY OCCUR?	\$170 G
DIREC: been ste asse	22. I hereby certify that I attended the deceased from July	19.55, 10/6 Mor , 19 55, that 1	
has ficate	alive on	ADDRESS (Street, clty, town, stein)	DATE SIGNED
FUNERAL ertificate hi eath certifi	Or Halin - M.D.	Soverna Park	mo
certificate death cert A15C 1-55 III	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (REMOVAL (SPECIFY)		
2005	13 (1-17-30) (5) (6)	1/12/5N 10/11	
5 × ×	DATE COURS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE 10 (01/4) FOR ER	ADDRESS 4 / Komes

DE RECOMPLANT DIVINGE DE PRESENCIA DE PRESEN

HTARG TO STADISTING THE ATH

BUREAU V. S.

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The latest and the same of the same of

VS A15C 1-55 10M

hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10383

0408 CERTIFICATE OF DEATH

Item 7, FilmG189 12-2-55 et	Reg. Dist. No
1. PLACE OF DEATH	2, USUAL RESIDENCE (HOME) OF DECEASED
COUNTY fune Amuele MARYLAND	STATE Mary / ancounty
City (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest lown) (In this prace)	CITY (Il outside corporate limits, write RURAL and give nearest town)
X TOWN Cilin Busine	rown Ballimore 31014
POSTREET ADDRESS PLAZA MANUR CONV. Hom	e ADDRESS 5/3 W/. Biddle St.
3. NAME OF DECEASED (First) (Middle) B	ARBER DEATH Nov 24 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
(Specify) Widowed Nov	. 4. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work of the control of the con	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) haborer	Ynknown
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Un Known	Unknown
15. WAS DECEASED EVER RV U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1785, no. or unk.) If Yes, give wer or deles of service	17. INFORMANT & ADDRESS
[135] NO, OT BINK.] [If (435) Sive well of deles of service]	- Plaza Manor Con. Home
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL SETWEEN ONSET AND DEATH
2214 (01-6/22-	vocalor
ANTECEDENT CAUSE (A) DUE TO	4-
DISEASES OR CONDITIONS, IF ANY, (8)	en l
STATING UNDERLYING CAUSE LAST. DUE TO AMERICA CO	no general
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ate heart diverse
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED White Not white of work of work	RII. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May	19 55, to NOV 19 55, that I last saw the deceased
alive on Nov. 23, 19.55, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE Just Tales M.D. 162	Balto Andress (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
Burial 11-26-55 MT. 3-an	Cem Ballo-Co. and.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Nov. 28, 1955 Lauis Late alle	Wm. a. Jackson funeral Home
, , , ,	916 Penna aver hus-54

MARITAGE STATE OFFICE THE MENTER OF HEALTH OFFICE OF THE CHARGE TO 23 4

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to the contract of the fact of the first of the fact o

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14 hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the fund copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10379 CERTIFICATE OF DEATH

10384

Reg. Dist. No....21

1. PLACE OF DEATH		2. USUAL RE	SIDENCE (HOME) OF DE	CEASED
COUNTY Anne Arundel	MARYLAND		ryland COUNTY	
CITY (It outside corporata fimits, write RURAL OR and give nearest lown)	(in this place)		da corporata limits, writa RURAL ar	nd give nearest town)
/O TOWN Annapolis	(M This piese)	TOWN	Davidsonville	_ ×
HOSPITAL OR		STREET	(If rural giv	n location)
STREET ADDRESS Anne Arundel	General	ADDRESS		,
3. NAME OF (first) DECEASED	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
Property of the state of the st	Philip W.	BEARD	DEATH NO	VEMBER 6 19 55
5. SEX 6. COLOR OR 7. SII	NGLE, MARRIED, B.	DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HR
	Married S		107 48 yrs.	Months Days Hours Min.
Male White 10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	eptember 23, 19		12. CITIZEN OF WHAT
dona during most of working life, avan if	OR INDUSTRY	II. BINTIN DATE (BIBI	or records continy	COUNTRY?
retired) Ret. (trouble man)Gas & Elect	Lynchber		USA
13. FATHER'S NAME		14. MOTHER'S N	IAIDEN NAME	
ROBERT P BEARD		T.IT.A	PRIEST	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY		ANT & ADDRESS	
(If Yes, give war or dates of se	rvica)	26 25	1 D 1 111.0	" "
no no	212-05-56		is Beard- Wife-	Same as # 2
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	AL CERTIFICATION		ONSET AND DEATH
195X IMMEDIATE CAUSE (A)	CEREBRAL	11-EMORR	HAGE	10 HRS
ANTECEDENT CAUSE(S) DUE TO	11110	1m. 1		
DISEASES OR CONDITIONS, IF ANY, (B)	HYPERTEN	3/0/	METHS	3 /KS
STATING UNDERLYING CAUSE LAST.	MALIENONIT	PHEOCHEOM	n RLASTAMA	AFR 2 VRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG	THE STATE OF	- Chill NACCO	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	R FINDINGS OF OPERATION			20. AUTOPSY?
21				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Homa, farm, factory, JURY straat, office bldg., etc.)	21c, WHERE DID INJURY	OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year)	(Hour) 21s, INJURY OCCURRED Winn Not while M. at work at work		OCCUR?	
		. 2 10474	1111	
22. I hereby certify that I attended				
alive on 19.5	, and that death occu	arred at SM, from		
SIGNATURE	16 1		ADDRESS (Street, city, town	n, stata) DATE SIGNE
SIGNATURE SIGNATURE M.D. H STATE AND THOUS III 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT 1a1 ADDRESS (Street, city, town, state) DATE THEREOF NAME OF CEMETERY OR CREMATORY APPROPRIES APP			045 11/7/33	
23, BURIAL, CREMATION, DATE THERE	OF NAME OF CEME	TERY OR CREMATORY	LOCATION (City, lower	n, or county) (Sleta)
Burial 11-10-	Hillores	st Cemetery	Annana 74 a	Managara 2
24. REC'D BY REGISTRAR REGISTRAR'S	Colonia de la co	25, FUSTRAL DIREC	CTOR'S SIGNATURE	Maryland
112	CONTRACT LA CONTRACT	1) Jen	2179411-11	
DATE 11-9-55	Marian	HOPPING	FITNERALL HOME	ANNAPOLTS MD

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

ST. HOMELES THAT OF THE WAY A SECRETARY OF THE PARTY OF T 2280 E HYARD TO STADISTY SECTO A second second within whire Ditered (elone and limited) tor - In (manufacture). + 2 The Court of the C Z .V UABRUG SCS1 61 10% I desired Whalten Constitution 77-7(-75 The Carrie

Anne Arundel

(First)

6. COLOR OR

White

RACE:

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter

DAVE

CITY (If outside corporate limits, write RURAL

OR and give nearest town) Town Davidsonville

(Year)

12. CITIZEN OF WILAT

COUNTRY?

19 55

Hours | Min.

Anne Arundel

(Day)

2. USUAL RESIDENCE (HOME) OF DECEASED:

Davedsonvilled.

4. DATE

11. BIRTHPLACE (State or foreign country):

DEATH

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)

(If rural, give location)

(Month)

November 13

9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS.

Months

STATE Maryland

Alabama

OR TOWN

(Last)

BELL

8. DATE OF BIRTH:

NOV 26 1870

STREET

ADDRESS

MARYLAND

10b. KIND OF BUSINESS OR

INDUSTRY:

(Middle)

WIDOWED, DIVORCED,

House

7. SINGLE, MARRIED.

(Specify): DIV

LENGTH OF STAY

(in this place)

corr
carefully. The correct
of information of death clearly
Supply every item write the causes
UNFADING INK. Physicians: please
SE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important, Physicians: please write the causes of death clearly and legibly.

53 FO

A15A

I. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

COUNTY

3. NAME OF

5. SEX:

Male

DECEASED:

(Type or Print)

13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
John W. Bell		1	Grearet Barnes	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDI		
no service) no	217-07- 52 91	Mr Eugene Albrig	ght- Maryland Ave.	, Annapolis, M
		CAL CERTIFICATION		INTERVAL BETWEEN
L DISEASES OR CONDITIONS DIRECTLY LE		. , 00		ONDET AND DEATH
Immediate cause (a)	Jun Hat	would The	LL	surley!
Antecedent cause(s)				
Diseases or conditions, if any, (b)				· ····································
stating underlying cause last (c)				
IL OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE			
198. DATE OF OPERATION: 19b. MAJOR F	INDING OF OPERATION:			20. AUTOPSY?
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	LACE (Home farm, factor, of street, office bldg., et.	2.5	E'A Co	(State)
21d. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY // 3 5 M.	He. INJURY OCCURRED While at Not while work □ at work ☑	Seen Sh	at weed	
22. I hereby certify that I took charge				
find that death resulted from: Ne	itural causes [], Acci			
SIGNATURE	1	DEPUTY B	EDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREO	The state of the s		r MEDICAL EXAM.	11-14-53
REMOVAL (Specify): 11-15-55	to	RY OR CREMATORY	LOCATION (City, town, or ec	,,
DATE REC'D BY LOCAL REGISTRAR'S S		1 24. FUNERAL DERECT	Chattanooga, To	ADDRESS
nov. 15, 1955 Cini	Just 4	Hopping Fun	The state of the s	nolis Mi
	Read 11-17-	55	, 0,	

BUREAU V. E.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10380 CERTIFICATE OF DEATH

10386

Reg. Dist. No. 2

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED
498 44 40	10 11 11 11 11 11
COUNTY MARYLAND	STATE STATE COUNTY
CITY (If outs de corporete i mits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, Write RURAL and give nearest lown) OR
IN TOWN OF MARCINE	TOWN # 1 1124 5 1831 1 5
HOSPITAL OR	STREET (H rurel give location)
INSTITUTION OR AND A CO	ADDRESS P.
STREET ADDRESS CLA GENCIAL	14:010011210 20
3. NAME OF (first) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
[Type or Print]	Se WIE DEATH // / 19/19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	
RACE WIDOWED, DIVORCED, (Specily)	Months Days Hours Min.
7.74.6	11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT
file, USUAL OCCUPATION (Give kind of work done during most of working lile, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired) La Edward Tan	MARKIANA ILSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2/ 12:00 V /3 1 15:10 13	FITH P. Will
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS
[Yes, no, or unk.] [If Yes, give wer or detes of service)	and the second second
Lilli	15911/2: CC221 ////// /17
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
148% (200 40000	and the next metastages
IMMEDIATE CAUSE (A)	Coffmon mouscases
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21f. HOW DID INJURY OCCUR?
M. While Not while of work of the work of	
22 I housely contifu that I attended the decreased from 4-4	19,5 to 17-13 that I last saw the deceased
22. I hereby certify that lattended the deceased from	, that I last saw the deceased , that I last saw the deceased , the last saw the last sa
SIGNATURE 1	2 0.71 100 11-15.55
M.D. (a	L CTILESCUT 1113-15
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Slote)
16.00 1 16-16 4 Brange	= - 11111 17 ANG POLI NIA
24. REC'D ST REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1/2 /2 / 1	West 14 180000 1001 1001
DATE / 1819 1 1/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HALLINGE GARAS MAST
/ / // //	1 001 700 11

14. 1 11.12 1121 S . W. MARINE SIT 91 NON

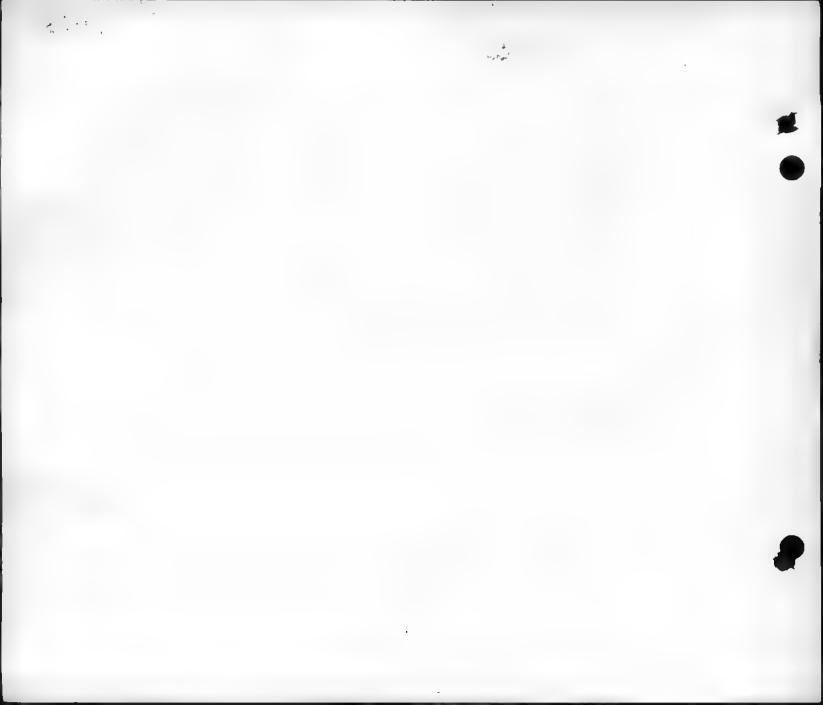
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10/10 CERTIFICATE OF DEATH

Reg. Dist. No.

j	10210	tteg. Dist.	1404
i	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
. %	COUNTY ANNE ARUNDEL MARYLAND	STATE Manyland COUNT	ry A.A
1810	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL an	d give nearest town)
	X TOWN MABOTHY BEACH SYEARS	TOWN Magothy Bear	4
ari	HOSPITAL OR INSTITUTION OR REVERSED LIVE	STREET (If rural give location)	1
21	STREET ADDRESS / Worsen Lun	Reversely Street	
1001	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	
=	(Type or Print) MARY ELIZABETH 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE	19 3 7
car	PACE. : WIDOWED DIVORCED	4 22. 1888 6 7 yrs. Menths Da	
3	10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS 6	R 11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
2	work done during most of working life, even if retired): Packer Packer	Balto. County, Md.	U.S.A.
200	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
3	CYRUS BECK	lenknown	
7117	(Yes, no, or unk.) (If Yes, give war or dates of	LA Ford - Magothy Beach	
221	g service) unanoun us		
×	IS. MEDICAL CERTIFICAT I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	Interval Between Onset And Death
ase	44-X (50588	BL HEMORRY AGE	2 days
aid	Immédiate cause (a)		
22	Antecedent causes (s) Diseases or conditions, if any, (b)	is Cardio Varcular Alexans	4 years
CINI	giving rise to the above cause	1 +- 1 - 10 1 11	
ly SI	(c) Ulleron	lerotic Cardio Vanular, Here	4 gears
7	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
INI:	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
27.70			Yes No
duit	21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) NUCIDE INJURY	(COUNTY) (S	FATE)
ally	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
ecı	22. I hereby certify that I attended the deceased from 11/20	1955, to 11/22, 1955, that I last	saw the deceased
es	alive on . ///22, 19.55, and that death occurred at	11: 20 P. M from the causes and on the date s	
22	SIGNATURE (Degree or title)	ADDRESS DA	TE SIGNED
19 E	23. BUBAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or col	1//23/00
4	REDVAL (Specty) 1/26/54 Cake Face	on Canalan Batterroll Bo.	maryland
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ABDRES
		11 m- 600te, me. 1017 00.	Paul 86.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10388 19411 CERTIFICATE OF DEATH

,	, and the control of the second of the secon	Reg. Dist. No.
	I PLACE OF DEATH: 2. USUAL RESIDENCE (HO	ME) OF DECEASED.
y and ablog.	COUNTY ANNE ARUNDEL MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Y TOWN RURAL - PASADENT SO GLASS HOSPITAL OR INSTITUTION OR INSTITUTION OR STREET ADDRESS RUAD STREET ADDRESS RUAD STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN RURAL OR TOWN RURAL STREET ADDRESS RUAD STREET ADDRESS RUAD STATE MARYLAND OR TOWN RURAL OR TOWN RURAL STREET ADDRESS RUAD	OUNTY A. B. e limits, write RURAL and give nearest town PASADENA P. O. X. (If rural give location) BELHAUEN ROAD
denti tree	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): WIDOWED MARCH 16, 1849 9. AGE IN	st birthday of punder I year ip under 24 urs Months Days Hours Min
5	10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House from f. 10b. KIND OF BUSINESS OR II BIRTHPLACE (State or INDUSTRY: MAAY LAND	foreign country). 12. CITIZEN OF WHA?
2	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAM	
The Mir Ca	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no. or unk) (If Yes, give war or dates of service) MONE THELMA KELLY JACOBS WILL-5	(DAUGHTER)
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Deat 2 days
C1149E75	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO	Vanuar Moras. 10 years
1 m	(c) Stabile Milling	10 years
4	Conditions contributing to the death but not related to the disease or condition causing death.	
4115	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
7	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,) (CITY OR TOWN)	(COUNTY) (STATE)
1221	SUICIDE OF office bldg., etc.) INJURY	(SIAIL)
ICIII y	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR While Not While INJURY OCCUR At Work	
35.00	22. I hereby certify that I attended the deceased from MAY. ,1944, to Nov. 2	, 1955, that I last saw the deccased
ra ra	alive on 10/3/, 19 55, and that death occurred at . 8:20 P.m; from the cau ADDRESS	DATE SIGNED
C.	9. Grady Smuch M.V. MUJERN BEACH,	MD //2/55 TION (Tity, town, or county) (State)
	FRENOVAL (Specify)	THY - A. A. Co, MD.
	DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR 25. FUNERAL DIRECTOR	638 N. Gilmon ST

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10389

10381 CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME)	OF DECEASED
ANNE ARINDEL	1 1 (1)	4.4
COUNTY		UNTY (717)
OR end give nearest town) A n 1 2 (in this place)	CITY (It outside corporete limits, write R	URAL and give nearest town)
OR end give nearest lown) A TOWN (in this place)	TOWN WCEDLALD	BEACH X
		-77-01
HOSPITAL OR INSTITUTION OR O	ADDRESS	rurel give location)
A 2 STREET ADDRESS LI. LINCHOLM		
3. NAME OF (First) [Middle)	(Lost) 4. DATE	(Month) (Dey) (Yeer)
(Type or Print) MARY	ARTER DEAT	HNEU 7 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	OF BIRTH 9. AGE but birth	IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,	17.4	Months Days Hours Min.
(Specify) (L) (Ling	- 20-1880 76	yrs.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during, most of working life, even if QR INDUSTRY	Ω	aguatry 1
relired House well Home	Va	1/10/1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wash. Ind	m. 11/12	
THE YOUNG JUTILLOUVE	1/1600 F, VO	LE
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	17.
(Yes, no, or unk.) (If Yes, talve wer or detes of service)	White the FOU	(2)
	Wellen G OL	wer -
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
		d a d a fee
4300 IMMEDIATE CAUSE (A) MYUCARDIAL	INFARCTION	110116
0115.70		. , ,
DISEASES OR CONDITIONS, IF ANY, (B) EXCELLEN	CHC HUNK! DIST	ASE IN YES
GIVING RISE TO THE ABOVE CAUSE	. , , , , , , , , , , , , , , , , , , ,	70
STATING UNDERLYING CAUSE LAST, DUE TO		
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO N
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.]	ZIC. WHERE DID HADRI OCCUR? (City of lown)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from ALECS	1 19.55 to OCTOBER 19	2.5.5, that I last saw the deceased
alive on 10 CT 10 , 19.55 , and that death occurred a	1/ 35 At from the course and on	the date stated above
SIGNATURE 4 4	ADDRESS (Street, c	
1 to do no an	COA COREST (SINE)	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Je MM 1 1 Tackwall M.D.	40 Caguedral	ST, Conspected Mr.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (C	ty, town, or county) (State)
REDOVAL (SPECIFX)	1.10	A O Orrell
smuch 1170 55 Codar 1	HELE SMILL	land ma
24. REC'D BY REGISTRAR REGISTRARY SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
n ~ work it	(Jalm M. Lauler	uns (somapotes,
DATE NEWS 9,1955 111 11 10 11	Merry 19, and	mile



2

county Anne Arundel	MARYLAND	STATE Mary	rland COUNTY	Baltimo	re City
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside con	porata limits, write RURAL I	ind give nearest tow	(n)
X TOWN Crownsville	32 days	TOWAL	imore City	2	Val 12
HOSPITAL OR		STREET		va location)	· · · · · · · · · · · · · · · · · · ·
INSTITUTION OR	77 41.4	ADDRESS			·
2. NAME OF (first)	HOSDITAL	(Lost)	mown	nth) (Dey)	<u> </u>
DECEASED	acces,	(rasıl	4. DATE (Mo	mul (nex)	(Yaar)
(Type or Print) Henry		Chavers	DEATH .	1] 9	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIET RACE WIDOWED, DIVO	RCED. 8. DATE	OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	
	k.	Unk.	60? yrs.	Months Days	Hours Min.
	OF BUSINESS	11. BIRTHPLACE (Slata or for			ZEN OF WHAT
				COL	JNTRY?
13. FATHER'S NAME	nknown	Unknown	I MARIE		
		14: MOTHER S MOUNT	1125MF		
Unknown		Unknown			
	SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS		
	Unk.	Hospit	al Records		
(1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION			TERVAL BETWEEN
ngm V					NSET AND DEATH
MMEDIATE CAUSE (A) Brain	Tumor			U	nknown
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST, DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE Bila	teral Bronch	opneumonia, Sy	philis		
DISEASE OR CONDITION CAUSING DEATH.			*		
198. DATE OF OPERATION 198. MAJOR FINDINGS C	OF OPERATION				20. AUTOPSY?
210. ACCIDENT WAS UNDERLYING 216. PLACE (Home,	farm, factory.	21c. WHERE DID INJURY OCC	LIR? (City or lawn)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET, OF	fica bldg., atc.)		out (cay or loving	(County)	(31814)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCC	UR ?		
White			_		
		40 55	71/0 5/	5	
22. I hereby certify that I attended the decease	ied from#W//	, 1955, to	4.47, 192.	2, that I last s	aw the deceased
alive on 11/9 and	that death occurred	at12:4500 affect the	causes and on the	date stated abo	ve.
UE REPORT HOURS PORM	1.011111		ORESS (Street, city, toy		DATE SIGNED
	化维拉什(_ M.D.	C1	OWNSVIlle, I	/d	11/10/55
23. BURIAL ERBEATOR, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O				(State)
Burial 11/14/55	Crownsville	State Hospital	L Crownsvi	lle, Mary	land .
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRES	
DATE 1/-14-5:5 K /21 - Y	MIPO -	_ Arnold H. E	ichert, M. D	. Crownsv	rille, Kd.
	1-1-				

2)

S.Y U. MUS

JI VON

DECENACIO

1. PLACE OF DEATH

TOWN

HOSPITAL OR INSTITUTION OR

TO STREET ADDRESS

NAME OF

(Type or Print)

SEX

retired)

13. FATHER'S NAME

420. / IMMEDIATE CAUSE

19a. DATE OF OPERATION

alive on. SIGNATURE

BURIAL, CREMATION

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

21s. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey)

(If outside corporate limits,

and give necrest town)

evev

(First)

(If Yes, give wer or detes of service)

DUE TO

DUE TO

(Year)

DATE THEREOF

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from.

COLOR OR

RACE

done during most of working life, even if

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

108. USUAL OCCUPATION (Give kind of work

certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE C

10413 CERTIFICATE

MARYLAND

LENGTH OF STAY

(in this place)

(Middle)

10b. KIND OF BUSINESS

OA-INDUSTRY

16. SOCIAL SECURITY NO.

10. MEDICAL CER

SINGLE MARRIED

(Specify)

WIDOWED, DIVORCED,

19b. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, fectory,

Of INJURY street, office bldg., etc.)

While

at work

21e. INJURY OCCURRED

., and that death occurred at

Not while

M.D. NAME OF CEMETERY OR

at work

10391

Reg. Dist. No 24
STATE COUNTY COUNTY CITY (Il outside corporate limits, write RURAL and give neareg.
STREET ADDRESS LEMBERS HAVE PA
(Lesi) 4. DATE (Month) (Day) (Year) OF DEATH / - 2 - 50.
F BIRTH. 9 AGE fest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT
14. MOTHER'S MAIDEN NAME
17. THORMANT & ADDRESS Wife Effel Clapton
TIFICATION INTERVAL BETWEEN ONSET AND DEATH
ged arterestlessis
20. AUTOPSY?
YES NO YES. WHERE DID INJURY OCCUR? (City or town) (County) (State)
216. HOW DID INJURY OCCUR?
M, from the causes and on the date stated above. ADDRESS (Street, stry, lown, state) DATE SIGNED
CREMATORY LOCATION (City Town, or county) Tio L CREMATORY LOCATION (City Town, or county) First CREMATORY CREMATORY LOCATION (City Town, or county) Tio L
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Reese I Omnysolis, M.

this N W ō **∥opy** mers aften death. third ‡ dimetor, 4 within mgistmr. the bχ the .⊑ with filled completely filler al transit permit. filed burial transit INTERAL DIRECTOR: The law requires that the death certificate be and rs. the attending physician be detached for use as a عُ by executed peen certificate has

requires that the death ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

death certificate assembly should #15C 1-55 10M

\$ 1.3. ·



MARYLAND STATE DEPARTMENT OF HEALTH-BALT!MORE, 18

10393

2. USUAL RESIDENCE (HOME) OF DECEASED

10414 CERTIFICATE OF DEATH

leg. Dist. No.

	CLOMUSATTTE					
COUNTYAnne Arundel	Crownsville	rownsvillemand		STAMMaryland countCalvert Cour		
CITY (1 outside corporate limits, write RURAL OR end give neerest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR		
X TOWN Annapolis	4 year	'S	TOWN Owin	gs, Maryland	0	4x-2
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(If rurel give		
JC STREET ADDRESS Crownsville St	tate Hospital		ADDRESS.			
3. NAME OF (First)	(Middle)	<u> </u>	(Las!)	4. DATE (Mon	th) (Day)	Yeas,
(Type or Print)		0 11		OF		3055
westey	GLE, MARRIED.	Curtis		DEATH NOT		19559
RACE WIE	OWED, DIVORCED,			9. AGE lest birthday	Months Devs	
	fower		28 ,1869	86 ун.		10000
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	5	11. BIRTHPLACE (State or for	reign country)		ZEN OF WHAT
relired Laborer			Maryland			S.A.
13. FATHER'S NAME	·		14. MOTHER'S MAIDEN	NAME	1 0 3 0	
Mason Curtis			Caroline	Howell		
15. WAS DECEASED EVER IN U. S. ARMED FORCE		JRITY NO.	17. INFORMANT &	ADDRESS Phone No	orth Beac	:h4538
(Yes, no, or unk.) (If Yes, give war or deles of serv	rice)		Eu bia Car		ngs Maryl	
	18. MED	DICAL CER	TIFICATION	CHILDRED ON THE		TERVAL BETWEEN
I' DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH				Ot	NSET AND DEATH
455 × IMMEDIATE CAUSE (A)	Pulmonary	Embolu	s			
ANTECEDENT CAUSE(S) DUE TO			of loft lo	~		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Recent Ar	putati	on of left le	8		
STATING UNDERLYING CAUSE LAST. DUE TO	Communa	£ 4				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	Gangrene o	I toe				
TO THE DEATH BUT NOT RELATED TO THE	Concettina	Uanw	+ Pailuma			
DISEASE OF CONDITION CAUSING DEATH.	Congestive	Rear	r ratinte			20. AUTOPSY?
190 care of aperations 196. MAJOR	Left Midthi	ar Sym	pathectomy			ES NO T
Ma. ACCIDENT WAS UNDERLYING [216. P	LACE (Home, ferm, factory		21c. WHERE DID INJURY OCC	UR? (City or lown)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJUST (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY street, office bldg., etc.	.)				
21d. TIME OF INJURY (Month) (Day) (Year) (H			21f. HOW DID INJURY OCC	UR?		
		while vork				
22. I hereby certify that attended	the deceased from	11/2/0	7., 1950 , 10 //	5/55, 1955	, that I last s	aw the deceased
alive on						
SIGNATURE / //			ADI	DRESS Street, city, town	n, stately	DATE SIGNED
Memery	Wis-	M. D.	CHOUSINEVIlle	State Hos	soital 1	115155
23. BURIAL, CREMATION DATE THEREO	1 0	EMETERY OR	CREMATORY	LOCATION (City, Toy)	or county)	(State)
11/14/	55 Crown	wille.	State Heeps	to Comme	100.	md
24. REC'D BY REGISTRAR PEGISTRAL'S			25. FUNERAL DIRECTOR	S SIGNATURE	ADDRES	SS.
DATE 11-14-5 5 K. W	1, YALLO O	2	arnold H.	echiet m. 1	2 Crouse	swell, kot
	1X 1				Don J.	1
					3000 77	unce

19 13 1 1 1 1 1 - INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10395

10393 CERTIFICATE OF DEATH

Reg. Dist. No. 2

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
(1. (1)	ma
COUNTY MARYLAND CITY (If outsider percents limits, write RURA) I FINGTH OF STAY	STATE // C. COUNTY C.
OR and give neglast lown) / [in this place)	CITY (If outside corporate limits, write RURAL and give naerest town)
10 TOWN Christolis	TOWN (Imma bolls ')
HOSPITAL OR	STREET // If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS / A-JV26
GI-1. Garage	6 DI 11/4145
3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Day) (Year)
(Type or Print) // May // (Type or Print)	awes DEATH /1 27 10 55
5. SEX 6. COLOR OR 7. SHYGLE, MARKED, 8. DATE OF	
+ Write Progress 4-	7-1897 38 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work bogs during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Fruse will Home	Crownsville Md. SONNEY &Cl
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert V. Stevens	Mary Cale Taymon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	THE INFORMANT & ADDRESS OF
(Yes, no, ar unk.) (If Yes, give war or dates of service)	John M. Dawes M. 2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
111124 / / 1/ 1/ 1/ 1/ 1/	I Soit well
443 A IMMEDIATE CAUSE (A) / ALLESTED TISLES	- peacement success
ANTECEDENT CAUSE(S) DUE TO	1 0
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	alle la
(c) If I MULLIN	a am man
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/ TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
V	YES NO S
216. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, farm, fectory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTHEY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21f. HOW DID INJURY OCCUR?
M, at work at work	
	1052 11-22 1155
	, 1933, to 11-22, 1923, that I last saw the deceased
alive on A.O. K	
BIGNATURE	ADDRESS (Street, city, town, steta) DATE SIGNES
/ fluint 44A1 M.O.	1 xuelsely 111 11-17-11
23 BURIAL, CREMATION, L DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) / (State)
LINEMOVAL (SPECIFY)	in the second second
	nes annappes ma.
24. REC'D BY REGISTRAR REGISTRANS SIGNATURE	25) FUNERAL DIRECTOR'S SIGNATURE
DATE NOV. 28, 1955 111	form 14. suyer vous consugares 1/2

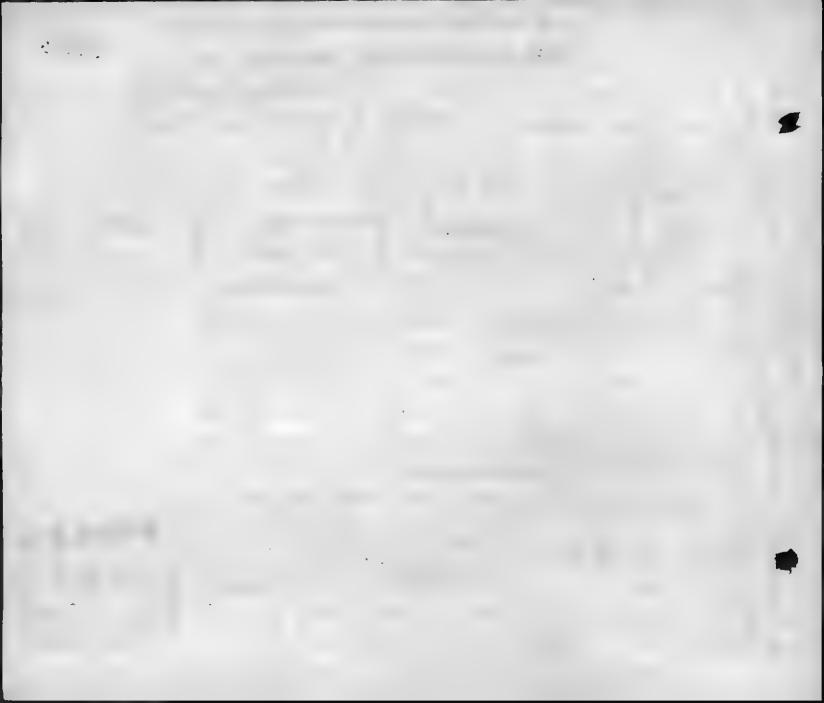


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10394 CERTIFICATE OF DEATH

10396

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Come Cremolil MARYLAND	STATE MCL COUNTY Q. Q
City (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end-bive neerest town) (in this ptace)	TOWN Harmond x
HOSPITAL OR	STREET (II rurel give locetion)
) INSTITUTION OF Homewood Consatisent Hom	ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yaar)
(Type or Print) Gertrude D	ZWSON DEATH NOV. 5 19.55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE, WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
(Specify)- MAY	28 1869 X 6 yrs. Months Days Hours Min
10e. USUAL OCCUPATION (Give kind al work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
restred HOUSEWIFE	CHURCHTON MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS H PHIPPS	CINPERELLA PERRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, prunk.) (If Yes, give wee or deles of service)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
231X IMMEDIATE CAUSE (A) Cerebal	hemmbage
ANTECEDENT CAUSE(S) DUE TO	to the state of th
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	announters
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO E
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, fectory, DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or town) (County) [Stete]
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. let work L. st work L. l	4 .00
22. I hereby certify that I attended the deceased from	o , , 19.50 , to MN 5 , 19.55 , that I last saw the decease
alive on Wny 4, 19.5.5, and that death occurred a	
SIGNATURE //	ADDRESS (Street, city, town, stete) DATE SIGNE
Emily H. Well M.D.	LoThan ma 1/1/55
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	
BURIEL MOVE 1955 MTZION	
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1075. 9. 1955 61 " 1" Tours	JOHN M. TAYLOR SON ANNAPOLIS, M



1. PLACE OF DEATH

A15C 1-55 10M

75

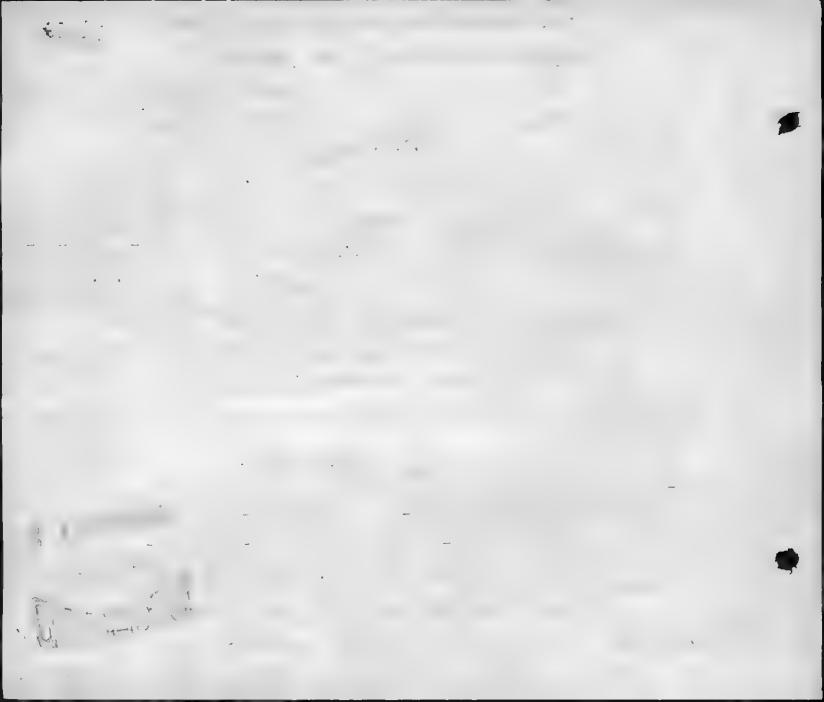
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10415 CERTIFICATE OF DEATH

10397

Reg. Dist. No.

1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
county Anne Arundel Maryland	STATE Maryland COUNTY Balt	timore City
CITY (It outside corporets limits, write RURAL LENGTH OF STAY OR and give searest town)	CITY (If outside corporate limits, write RURAL and give nea	rest town)
OR and give naarest town) Yown Crownsville 4 yrs. 2mos. 20	aystown Baltimore City	34 1-4
HOSPITAL OR INSTITUTION OR	STREET (It rural give location) ADDRESS	
10 STREET ADDRESS Crownsville State Hospital	908 N. Shuter Street	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Yaer)
(Type or Print) Julia	Downing DEATH 11	27 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	PF BIRTH 9. AGE lest birthday IF UNDER	
F Negro Single 11/14	4/49 6 yrs. Months	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even # OR INDUSTRY		COUNTRY?
13. FATHER'S NAME		. S.
IS. FAIRER S NAME	14. MOTHER'S MAIDEN NAME	
LevinDowning	Sarah Smith	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yas, give war or dates of sarvice)	Hospital Records	
18, MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Known to us
CO2X IMMEDIATE CAUSE IN Hypostatic Bronche	pneumonia	
ANTECEDENT CAUSE(S) DUE TO Parameter The Annual	12 -	2 days
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE Pulmonary Tubercul	10518	_
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		72
TO THE DEATH BUT NOT RELATED TO THE CONCOMINATION	Hydrocenhalus	Since birth
DISEASE OR CONDITION CAUSING DEATH, OUT SETTLE THE SETT	- I Ig at occidinatus	20. AUTOPSY?
11-25-55 Enucleation of right eye		YES NO
	Ric, WHERE DID INJURY OCCUR? (City or town) (Cour	1 200
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED While Not white	21f. HOW DID INJURY OCCUR?	
M. of work at work		
22. I hereby certify that I attended the deceased from 9/25	19 51 to 11/27 19 55 that I	last saw the deceased
alive on 11/27, 19, 55, and that death occurred at		ad above.
SIGNATURE OF O	ADDRESS (Street, city, town, stela)	DATE SIGNED
Slanley (Sargean M.D.	Crownsville, Md.	11/28/55
23. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county	(State)
BUNIAL 11/30/55 Mt. Col	von Cen a.a. C.	t lend
24. RECIP BY REGISTRAR REGISTRADES SCHATURE	25 UNERAL DIRECTOR'S SIGNATURE	ADDRESS
W L X 21 //	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.



72 Lours after denth After this director, the third copy of this

the registrar within in by the funeral

A15C 1-55 10M

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MSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10335 CERTIFICATE OF DEATH

10398

Pos Dist No

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	BED
county Anne Arundel	MARYLAND	STATE Md.	COUNTY	
CITY (if outs de corporate timits, write RURAL	LENGTH OF STAY	CITY (If outside corpora	ata limits, write RURAL and give	naarest town)
OR end give nearest lown] TOWN Annapolis	(in this place)	OR NOOT	imore	27
HOSPITAL OR	3 3 Y 6 D 6	STREET	(If rural give location	on)
90 STREET ADDRESS Homewood Nursing	Home	ADDRESS	Ivndale Ave.	/
3. NAME OF (First)	(Middla)	(Lasi)	4. DATE (Month)	(Day) (Year)
(Type or Print) JACOB EBERHARL	nm .		OF DEATH No.	1145 0 CC
5. SEX 6. COLOR OR 7. SINGLE, MA	The state of the s	OF BIRTH 9		11th 19 55
RACE WIDOWED,	DIVORCED,		Month	
male white w	ridowed April	26. 1871	8/1 Ym.	12, CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	II. BIKITIPLACE (State of soreig	is country!	COUNTRY?
	emetery	Balto Md		USA
3. FATHER'S NAME	•	14. MOTHER'S MAIDEN N	AME	
Unknown		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(NY Yes, give wer or detes of service)		E. F. Lass	ahn, 7h01 Rela	ir Rd., Balto, 6
	18. MEDICAL CE			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA		, ,		ONSET AND DEATH
42 MI IMMEDIATE CAUSE (A) CL	DRUNARY O	CCL USION		HOUR
ANTECEDENT CAUSE(S) DUE TO	7770 001 = 0.7	CHEART D	ICEALE	walk aloused
CIVINIC DICE TO THE ABOVE CALLED	TEKIOSCHECOL	IC TEHE!	DENY_	DIVENVUN
STATING UNDERLYING CAUSE LAST. DUE TO				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 198, MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY?
C				YES NO D
216. ACCIDENT WAS UNDERLYING 216 PLACE (IF OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	ioms, farm, factory, et, offica bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town) (C	County) (Stata)
	21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR	7	
	at work at work			
22. I hereby certify that I attended the de	eceased from /// 7/3	55. 19 10////	19 1 1ha	t I last saw the decease
alive on // / 19 55				
SIGNATURE			ESS (Streat, city, lown, state)	
& Durand Show	41 MD 5	Suchecte	Que anne	h 12 11/11/20
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or co	unty) State)
burial 11/12/55	Baltimore Co	emetery	Baltimore, Md	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	URE 7.	25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS
11/105% Am	(-I	7 /	011	

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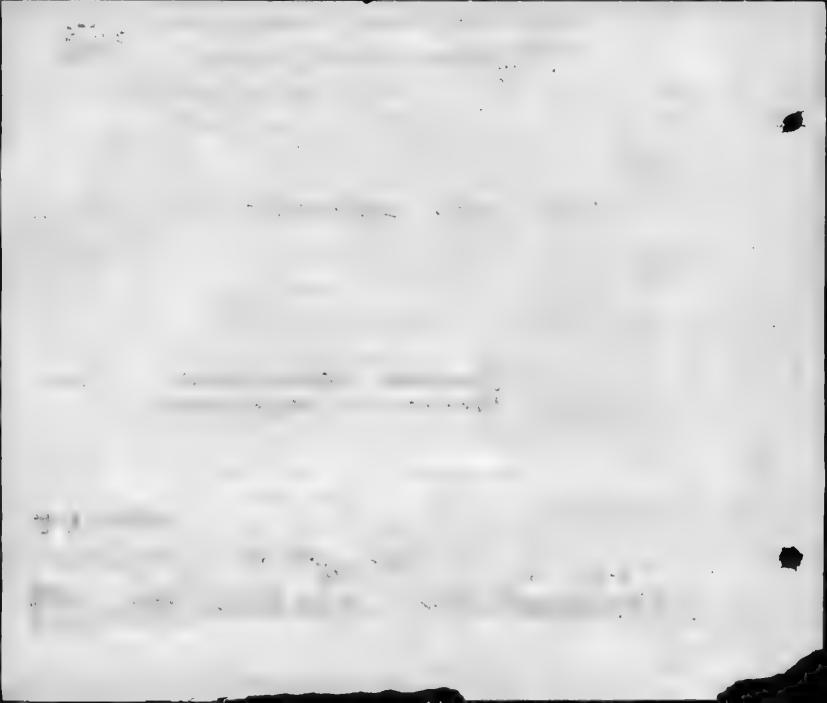
INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10416 CERTIFICATE OF DEATH

10399 Reg. Dist. No.

Items 8,9,11,13,14,10a	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY A. P. MARYLAND	STATE MO COUNTY
CITY (If outside eprporate limits, write RURAL LENGTH OF STAY	CITY (If outside comporate limits, write RURAL and give nearest town)
OR and give meanest town) / G/3 O/3/U/ (in this place)	TOWN FOINT PLEASANI. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS Stole / And Structure Str
(Type or Phni) F//15 Harry Ed	(Last) 4. DATE (Month) (Day) (Year) OF DEATH // 20 1953
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) C. 1-6-	Months Days Hours Min.
	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Virginia 14. MOTHER'S MAIDEN NAME
Charles Edwards	Virginia ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) [If Yes, give were or deless of service)	17. INFORMANT & ADDRESS / P 177 6=
18, MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
442 NIMMEDIATE CAUSE (A) LEFEPTEL	Hemornage Iday
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	e Heart Disease
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OF INJURY streat), office bidg., alc.) 2 of INJURY streat, notify medical examines	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Islati	
	M, from the causes and on the date stated above.
GAMMe Ingell MM A M.D.	ADDRESS (Streat, city, town, state) DATE SIGNED
23. BORIAL, CRIMATION, DATE THEREOF NAME OF CEMETERY OR OF REMOVAL LEGECIFY)	CREMATORY LOCAT ON (Carr, town, or county) (State)
24. DEP BY REGISTRAR REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE WV. 73, 453 Ours J. Le albap	MICONY TONEXAL KIEME.
	13 toxT AUE.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 death. After ird copy of 10417 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED 무준 1. PLACE OF DEATH hours afte St. Mary's Maryland COUNTY COUNTY Anne Arundel STATE MARYLAND 72 hour LENGTH OF STAY CITY (if outside corporete limits, write RURAL end give nearest town) (If outside corporate limits, write RURAL OR end give neerest town) (In this place) 8 days TOWN Hollvwood TOWN Crownsville (If rurel give location) HOSPITAL OR STREET **ADDRESS** INSTITUTION OR within None listed 10 STREET ADDRES Crownsville State Hospital (Lest) DATE (Month) (Dey) (Yeer) 3. NAME OF DECEASED registrar by the f the death certificate be DEATH 11 10 55 Fenwick (Type or Print) Bertha IF LINDER 1 YEAR IF LINDER 24 HRS 8. DATE OF BIRTH 9. AGE last birthday 6. COLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED, RACE Hours Months Days 8/29/97 (Spacify) Widow Female Negro .e CITIZEN OF WHAT 10e, USUAL OCCUPATION (Give kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) with COUNTRY done during most of working life, even if OR INDUSTRY Maryland retira Domestic 14. MOTHER'S MAIDEN NAME filed 13. FATHER'S NAME completely Not listed Not listed physician. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give wer or datas of service) Hospital Records Unk. Unk. Unk and INTERVAL BETWEEN IS. MEDICAL CERTIFICATION ONSET AND DEATH by the hospital or attending 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician Meath . Small bowel obstruction X IMMEDIATE CAUSE U50 DUE TO ANTECEDENT CAUSE(S) Carcinoma requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. e attending ph detached for a DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? pe 196. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION Metastasized squamous cell The law rated by the should be August, 1955 (c. NO carcinoma of small howel (Stete) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) TO FUNERAL DIRECTOR The executed OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? death certificate assembly 415C 1-55 10M 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED While Not while at work at work сору тау peen 22. I hereby certify that I attended the deceased from 11/2 19.55 to 11/10 19.55 that I last saw the deceased T ass Crownsville, Md. certificate 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Iown, or county) REMOVAL (SPECIFY) Johns Cemetery Burial Hollywood. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR'S SEGNATURE 24. REC'D BY REGISTRAR



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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10418 CERTIFICATE OF DEATH

10401

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY OF MARYLAND CITY Ilt outside corporate limits, write RURAL LENGTH OF STAY (Il outside corporale limits, write RURAL and give nearest town) X OR TOWN and give nagest town) (In this place) OR TOWN HOSPITAL OR STREET Hf rurel give location) INSTITUTION OR STREET ADDRESS **ADDRESS** Middle) NAME OF (Lest) DATE (Month) (Day) (Year) OF (Type or Print) 1955 SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH LIF UNDER 24 HRS AGE lest birthdey IF UNDER 1 YEAR RACE WIDOWED, DIVORCED Months Hours (Spacify) 30 1892 YIF. 106, KIND OF BUSINESS 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Washingto N 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Good TOYPHORE F 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CERTIFICATION # DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 420.C ANTECEDENT_CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES I NO F 21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stella) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) While Not while et work et work 22. I hereby certify that I attended the deceased from... that I last saw the deceased 36.F.M, from the causes and on the date stated above. and that death occurred at ADDRESS (Street, city, town, state) CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) ø REC'D BY REGISTRAR REGISTRAL'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS



INSTRUCTIONS

10386 CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
A A	112
COUNTY ; MARYLAND CITY (If outside comporate limits, write RURAL LENGTH OF STAY	STATE // D COUNTY /7 /4
OR and gip (nearest town) (In this place)	CITY (If outside corporete limits, write RURAL and give nearest town) OR
10 TOWN HINAPOLIS	TOWN ANNAPOLIS
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS 301 NI JAYLON A VE	301 N. TAYLOR AVE
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) MAD FLINE J	FRANK DEATH NOV 24 1955
	ATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS
F RACE WIDOWED, DIVORCED, (Specify)	AN 8 1891 TO Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evan if OR INDUSTRY	SV24CUCIT 2/V COUNTRY 3/
13. FATHER'S NAME	1 SYIFACUSE N/, 1 U.SA,
S. FAIRER'S NAME O) (1 6 14 17 17 17	14. MOTHER'S MAIDEN, NAME
mierwon	Inknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unk.) (If Yes, give wer or detas of service)	O JY. INFORMANT & ADDRESS
(1885, no, or dnk.) (If tes, give wer or delas of sarvica)	Joseph C. trank
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN
/ 10 / 0 2	ONSET AND DEATH
41's X IMMEDIATE CAUSE (A) Check of the	29 Are
DISEASES OR CONDITIONS, IF ANY, (B) Quricala.	Ai butterton me
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO Scheument	acteant Derion gr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
	YES NO Z
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
M, at work at work	
22. I hereby certify that I attended the deceased from 162/11	10/ , 1952 to 1/12 / , 1955, that I last saw the deceased
, / , 7 / , ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ed atM, from the causes and on the date stated above.
SIGNATURE O	Appress (Street, city, lown, stele), DATE SIGNET
Frank M. Saubler M.O.	annalation med 1/20/57-
23. BURFAL, CREMATION, DATE THEREOF NAME OF CEMETER	
REMOVAL ISPECIEYI	1 P. h.l. mil
24. REC'D BY REGISTRAR RECOTIONER SIGNATURE	mal as supervous sources mapous me
	1 25. FUNERAL DIRECTOR'S SIGNATURE CON CAMBRIES M.
DATE 160.28, 1955 1	Joen 11/2 vega, and comoque of



this this

the registrar within 72 hours after death. After in by the funeral director, the third copy of

24 hours after death.

certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10403 10419 CERTIFICATE OF DEATH

4	Keg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE ARUNDEL MARYLAND	STATE MARYLANIA COUNTY A. A.
City (Il outside corporate timits, write RURAL LENGTH OF STAY	CITY (If oulside corporate fimits, write RURAL and give nearest town)
OR and give necresi town) — (in this place)	OR CI
DEVERNA [AREC (NURAL)] DE YES	TOWN DEVERNA TARK (KURAL)
HOSPITAL OR INSTITUTION OR T	STREET (If rural give location)
O STREET ADDRESS IN ERDIDE DRIVE HOLLY WOODSEVE	EN RIVERSIDE DRIVE, HOLLYWOOD ON SEV
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yees
Type of Print)	FOSCT DEATH NOV
I I I I I I I I I I I I I I I I I I I	17051
RACE WIDOWED, DIVORCED.	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 2 Months i Deys Hours
EMALE WHITE Specify WIDOW OCT	27. 18/6 /9 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	1. BIRTHPLACE (State or foreign coontry) 12. CITIZEN OF WHA
done during most of working life, even # OR INDUSTRY retired LUSE WORK (K-TD) OWN HOME	STLOUIS, MG. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10200, 11	2-25 N
CHERLES MELCICMB	IDAKBARA YON'OLCROFT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS WOLLY WOOD ON SE
(Yes, go, or unk.) (If Yes, give wer or deless of service)	MRSHARRIET FONDA SEVERNIH TAK
18. MEDICAL CE	ERTIFICATION INTERVAL BETW
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
1921 MAMEDIATE CAUSE (A) LONGES/INC 1	CEMIT PRIMAR TO GIFT
ANTECEDENT CAUSE(S) DUE TO	The it is the hard the
DISEASES OR CONDITIONS, IF ANY. (B)	MYKOIK WILK MEMETHESIS IT YK
GIVING RISE TO THE ABOVE CAUSE DUE TO	11 de Pare
10 / 10/11/11	GIANAS Y PALE
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	YES NO
21a. ACCIDENT WAS UNDERLYING [21b PLACE (Home, farm, factory, OR CONTRIBUTING [CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white	211. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from	19.55 , to NO.V 19.55 , that I last saw the dec
	at 130 P.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIG
Maneia 1 (a) el	By 286 Coverno Perll Mid Nove
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	R CREMATORY LOCATION (City, lown, or county) (St
REMOVAL (SPECIFY)	
BURIAL YOY. 15, 955 HRISTIANG	HURCH CEM LABRLESTON FOUR CORNERS
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FONERAL DIRECTOR'S SIGNATURE ADDRESS
1 21-1008 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LAINING TOMINGE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19429 CERTIFICATE OF DEATH

10404

Reg. Dist. No. 2

	L PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY O. A. Co MARYLAND	STATE MARY / MALY COUNTY D. C. Co
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL and give nearest town)
	OR end-give neerest town) TOWN [In this plece]	TOWN P. W. A. MARKED P. I
	^ /LUYA L-HMMAPONIS	LUVA I - MARK I OLIS
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
	STREET ADDRESS	HACKLEY HID!
	3. NAME OF First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
- {	DECEASED	DEATH // /th
- 1	(Type or Print) F. TANCIS LOUISE A	SAN 1 6 1933
ı	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	KACE WIDOWED, DIVORCED, (Specify)	13-1865 90 yrs. Months Deys Hours Min.
		11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT
	done during most of working life, even if OR ANDUSTRY	COUNTRY?
	retired) / OMESTIC NONE	MARY LAWD USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1.1-11:	Dua Mr. in 2/11
	WILLIAM TENSON	MATERIA AIII
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, ng, or unk.] (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
	[Yes, no, or unk.] (Il Yes, give wer or dates of service)	" HANNAYIAPARKET- HOCKLEY HALLM
	18, MEDICAL CER	TIFICATION INTERVAL BETWEEN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	443X IMMEDIATE CAUSE (A) Thorewas Jos.	141) Hy 101/02217
		sental Aspecto Till 13,1955
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
	STATING UNDERLYING CAUSE LAST. ICI	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 7 YES NO S
	21s. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	tc. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21c, INJURY OCCURRED While Not while	HOW DID INJURY OCCUR?
	M. at work A at work	
	and the second for the tenter of the tenter of the second form	195 to 15 195 that I last saw the deceased
	22. I hereby certify that I attended the deceased from	ch ()
	alive on 12 alive on 12 alive on 15 alive	
10M	SIGNATURE A	ADDRESS (Street, city) town, stelet DATE SIGNED
	Win Krehl and Mr.O. 11	-ola Starm Min, not 11/9/15
7	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, of county) (Spote)
A15C 1-55	REMOVAL (SPECIFUL)	- BOTTOMI
	Louis Land ONLC	A SUMMAN PROPERTY AND A SUMMAN AND A SUMMAN AND A SUMMAN AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSM
> <	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE / LOTS: 14/955 AA THE	William Meese II-108 WASh ST
ŀ	THE SUMME	0 1400 1 1 10 11
	// /	HAMMY POLISING

Since Manageries Socies of the State of the Since of the State of the Since of the

Alman in the males of the Company of

NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

raining

LOCATION (Lity, town, or county)

ADDRESS

SE

23. BURIAL, CREMATION,

DATE REC'D

REMOVAL (SPECIFY)

BY LOCAL

DATE THEREOF

RESERVED

MARGIN

'S' A O'

i!

1. 18 33



REGISTRAR'S SIGNATURE

(Day)

(Year)

12. CITIZEN OF WHAT

COUNTRY?

19 5 5

NTERVAL BETWEEN

ONBET AND DRATH

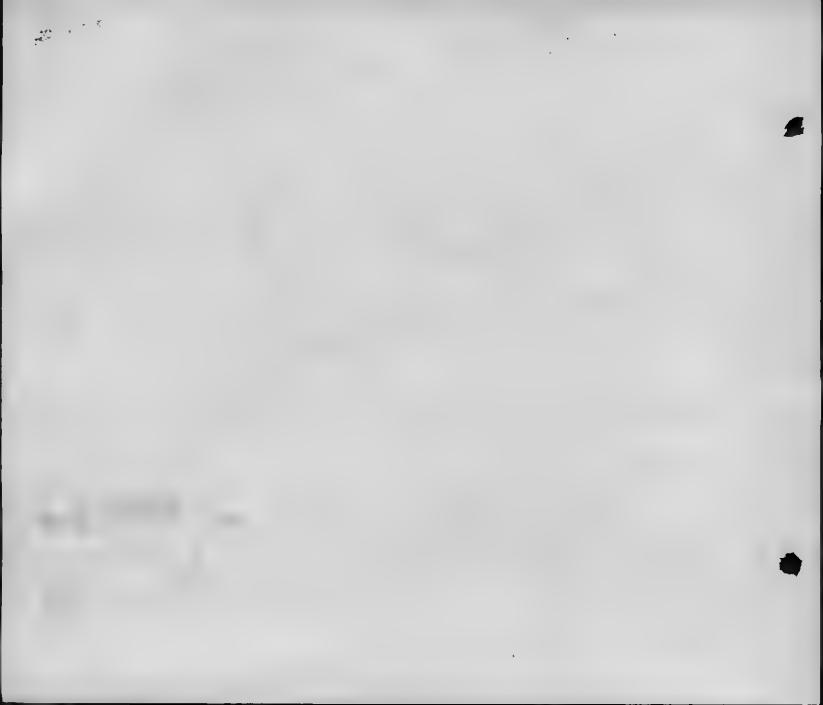
28. AUTOPSY? Yes 🗌 No 🗍

(State)

ADDRESS

_(State)

DATE REC'D BY LOCAL



INSTRUCTIONS law requires that the death, certificate be executed within 24 hours

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING MYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10408

10422 CERTIFICATE OF DEATH

eg. Dist. No. 27

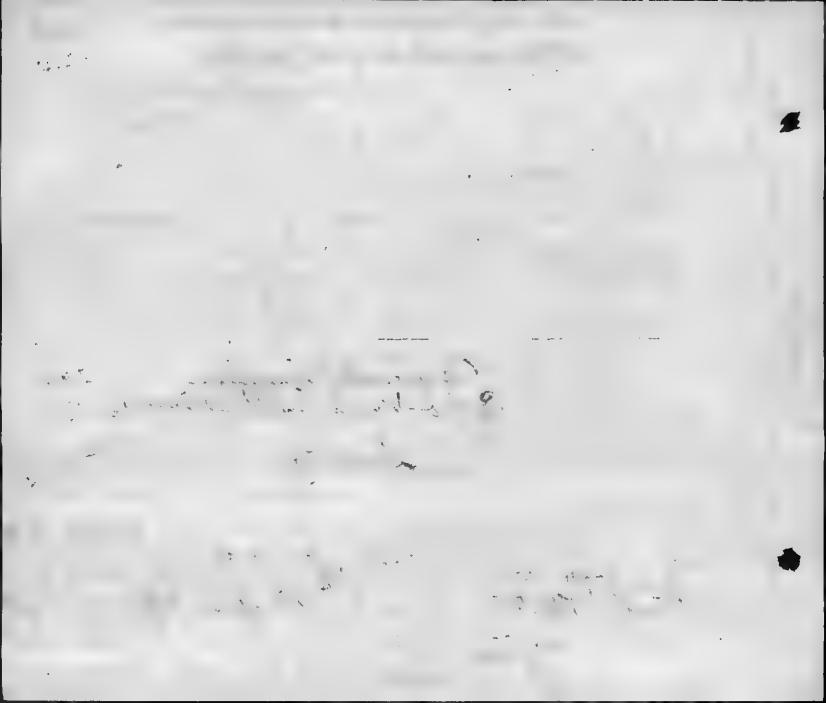
" TENDE OF BEATTI		A. USUAL RESIDE	ENCE (HOME) OF DECEA	SED
counAnne Arundel	MARYLAND	STATE Same	COUNTY Sam	B
CITY (If outside corporate limits, write RURAL OR and give negret lown)	LENGTH OF STAY	CITY (If outside cor	porate limits, write RURAL and give	
X TOWN Glen Burnie	(in this plece)	OR TOWN	Same	×/
HOSPITAL OR	40 years	STREET		7.
INSTITUTION OF		ADDRESS	# tutal give lose!	ion)
STREET ADDRESS Aquahart Rd.		Same		
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Anna	Griis	Isar	DEATH NOW	ember 29 19 55
5. SEX 6 COLOR OR 7. SINGLE, A	AARRIED, 9. DATE C			NDER 1 YEAR IF UNDER 24 HRS
F. White (Specify)	D, D.VORCED,	Inn	Monl	
	Married 1/24	7 -	76 yrs.	
done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (Spate or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
relired) Housewife		Austria-Hunga	ry, Europe.	Ausstrian.
3. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Henry Muller		Anna Fait		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS	
(Yes, 'no, or unk.) (If Yes, give wer or dates of service)	None	Miles Catle	ander Coddman	(2
	18. MEDICAL CER		erine Gritsser,	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH 18. MEDICAL CR	HIPICATION		INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (A)	Cerebral Hem	ommb o mo		0/ 1
. / . /	Certe III Alem	DYTHORE -		24 hrs.
ANTECEDENT CAUSE(S) DUE TO	C	a		
GIVING RISE TO THE ABOVE CAUSE	cheral Arte	rio slerosis		- 10 y
STATING UNDERLYING CAUSE LAST. DUE TO				
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR FINDS	NGS OF OPERATION			
J. J	103 01 0727711034			YES NO
	(Home, farm, fectory,	21c. WHERE DID INJURY OCC	CUR? (City or town)	County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY #	reet, office bldg., stc.)			10.000
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCC	CUR?	
M,	While Not while et work at work			
			7	
22. I hereby certify that I attended the o	deceased from . March	, 1944, to <u>1</u> 1./	29, 1955, th	at I last saw the deceased
alive on 11/28, 1955 1955	and that death occurred at	12.05A. Mom the	causes and on the date s	tated above.
SIGNATURE	1	AD	DRESS (Street, city, town, stele	DATE SIGNED
Quelan It rachen	MID.	Glen Burnie M	ia .	11/29/55
23. BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION City, town, or co	ounty) (State)
REMOVAL (SPECIFY)	Is Horly Co	MA	Mrook and Co	ac had
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	S SIGNATURE	100
De : 1113	20011	25. FUNERAL DIRECTOR	1 SO.	ADDRESS DA
DATE 1/46-1-1920 0 1 2	July V	1 rounderd	a fent out	10.000



10388 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Anne Arundel	MARY! AND	STATE Maryland COUNTY Ann	ne Arundel
CITY (If outside corporate limits, write RURAL	MARYLAND I LENGTH OF STAY	CITY (It outside corporate limits, write RURAL end give ne	prest town)
OR end give neerest town) / 1 TOWN Annapolis	(in this place)	Town Annapolis	
			14
HOSPITAL OR INSTITUTION OR 207 McKendree	Arra	STREET (If surel give location) ADDRESS 207 McKendree Ave	1
STREET ADDRESS 201 PERCHATEGO	WAC*	207 PCAGIIGITEE HVE	
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MARIE		ROLLMAN DEATH NOVEMBE	TO ON 10 EF
5. SEX 1 6. COLOR OR 1 7. SINGLE	MARRIED. B. DATE		R I YEAR JIF UNDER 24 HRS.
RACE WIDOV	VED, DIVORCED,	Months	Days Hours Min.
		ry 17, 1872 83 yrs.	2 CIVITAL OF WILLY
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
retired House wife	own home	Baltimore, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Zorn		Augusta (Unknown)	
15. WAS DECEASED EYER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	Same as
(Yes, no, or unk.) (If Yes, give wer or dates of service		Mrs Sidney W. French- Daug	
			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH, B. MEDICAL CE	RTIFICATION	ONSET AND DEATH
11021	- Christen	dial thousandling.	-3 wh.
422 I IMMEDIATE CAUSE (A) _			1
ANTECEDENT CAUSE(S) DUE TO	1 1 DI - / Car.	C. Di Unosas Maturiaglas	11/21
DISEASES OR CONDITIONS, IF ANY, (8)	A Company of the Comp	the Control of the control	4/
STATING UNDERLYING CAUSE LAST, DUE TO	4		V
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		11-1	1
TO THE DEATH BUT NOT RELATED TO THE	110	wility.	4mg
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 195. MAJOR FILE	IDINGS OF OPERATION		20. AUTOPSY?
THE STATE OF	TORVICO OF BIANCION	V	YES NO
216. ACCIDENT WAS UNDERLYING 216. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, fectory, street, office bldg., etc.)	21c, WHERE DID INJURY OCCUR? [City or town] (Cou	nty) (State)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 210. INJURY OCCURRED	21. HOW DID INJURY OCCUR?	
M.	White Not white		
		- 16-10 15-5-11	
/ 41		1957, 10 / - 37-, 19.37, that i	last saw the deceased
afive on 11-27, 19.5-5	, and that death occurred a	it	ed above.
BIGNATURE		ADDRESS (Street, city, town, steps)	DATE SIGNED
Keinefor William	M.D.	Granolo por	11-28-22
23. BURIAL, CREMITION, DATE THEREOF	NAME OF CEMETERY O		y) (State)
Burial 29.	Loudon Park	Cemetery Baltimore, Ma	ryland
24. REC'D BY REGISTRAR REGISTRAL SIG	NATUR	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11-28-66	March	HOPPING FUNERAL HOME ANNA	POLIS, MD.



this this

Affer ŏ

copy

registrar within 72 hours after death. by the funeral director, the third cop

the , III

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A ... C 1-5 ... 10M.

ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death-certificate be executed within The bottom comy may be retained by the hospital or attending physician.

NSTRUCTIONS

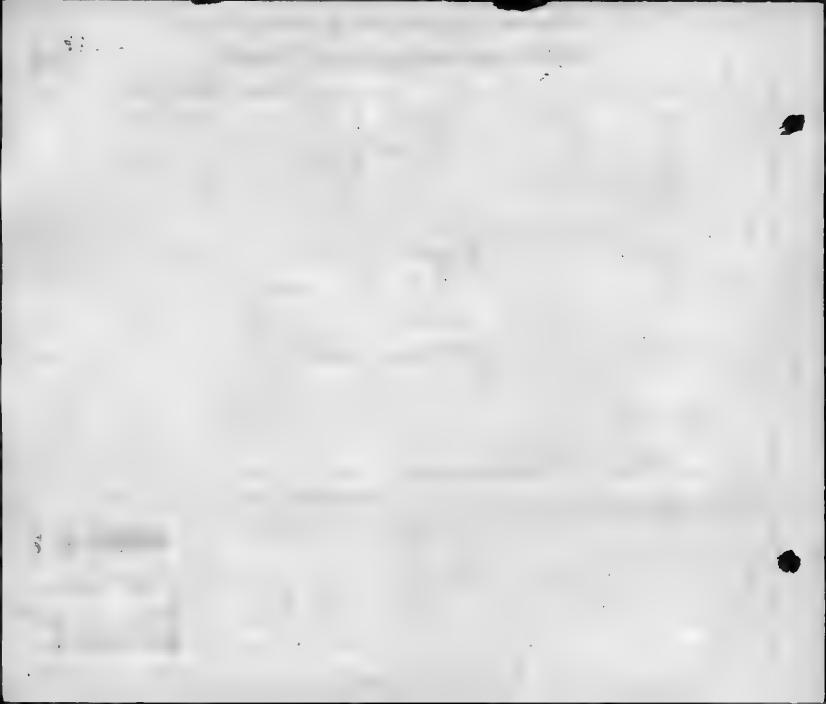
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10423

10410 Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY O. A MARYLAND	STATE Maryland county Anna rundel
CITY (If outside corporate limits, write RURAL A LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)
OR and give neerest town or TOWN 300 WWW (in this plece)	North Lintlicum
HOSPITAL OR	STREET (if rural give location)
STREET ADDRESS Zinthiceson	ADDRESS 300 Nursery Road
3. NAME OF (Feet) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Haber KOKN - Jrans	
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lost biglinday IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED, D. VORCED. Sept	24,81867 88 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Givs kind of work done during most of working life, even if QR INDUSTRY	11. ANTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Day and I dene sel	Dermany 112a-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Greda ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no nor unk.) (If Yes, give war or detes of service) None	WHE Spakell Habekoon.
12 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL SETWEEN ONSET AND DEATH
	10. A Alian
47 1 IMMEDIATE CAUSE (A) CONCLOS - UUS	cut where are
ANTECEDENT CAUSE(S) DUE TO CHIEF - S DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	? Olerosis - 10-15 ym
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
*	YES NO X
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Stete)
	PII. HOW DID INJURY OCCUR?
M. at work at the street of th	
22. I hereby certify that Vattended the deceased from A.M.A.	19 3 6 , 10 11 18 , 192 , that I last saw the deceased
alive on 11 18 12 19 and that death occurred at	5
SIGNATURE A A	A ADDRESS (Street, city, fgwn, state) DATE SIGNED
Chias. L. Sall LMD. X	inthicum III. 111955
23. BURIAL, CREMATION, PARE OF GEMETERY OR (REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county) (State)
lurish Nov. 21, 1055 Cedar Li	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE aldrell Hoodrell	George en Gonce 4001 Bitchia Lower-

Glorge



VS A15C 1-55 10M

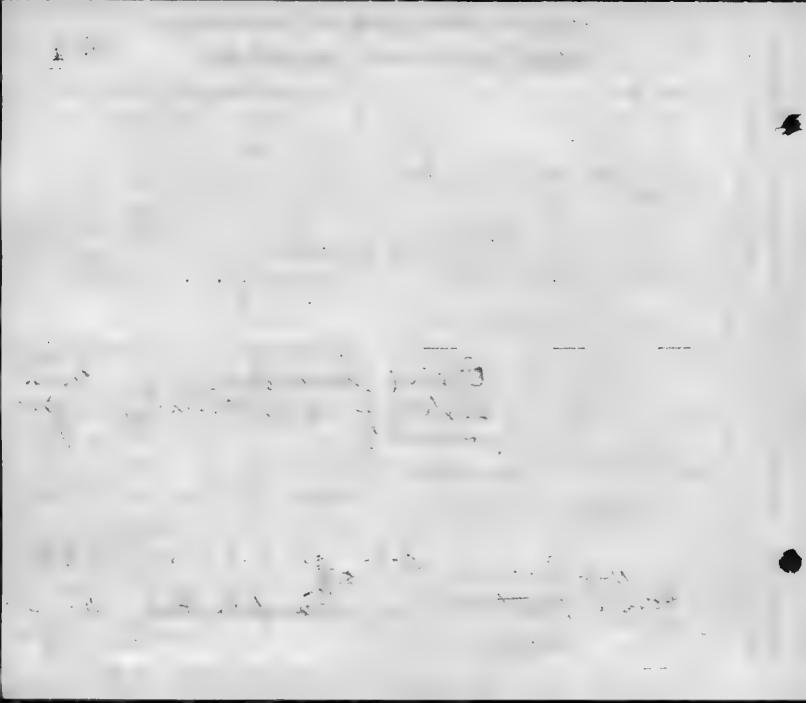
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10389 CERTIFICATE OF DEATH

10411

Reg. Dist. No. 21

I. PLACE OF DEATH	2. GOORE RESIDENCE (HOME) OF DECEMBES
COUNTY Anne Arundel MARYLAND	STATE Maryland county Ame Arundel
CITY (If outside corporata fimits, writa RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR end give neerest town) O TOWN ATM APOLIS (in this place) 8 yrs	TOWN Annapolis,
HOSPITAL OR	STREET (If rural give focation)
INSTITUTION OR Anne Arundel General Hospite	al ADDRESS 3 Innapolis Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print) LYDA	HERR DEATH NOVEMBER 3 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. I	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	nuary 26, 1868 87 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if OR INDUSTRY retired) House wife Own Home	Shepherdstown, W. Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Rush	LYDA Rush
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	IO. 17, INFORMANT & ADDRESS
(Yes, no, or unk.) [If Yes, give wer or dates of service)	
1000000	Mr Walter E. Herr. Son same as # 2
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND POATH
12218 [DAD// . 1	1 / Lourse laso 7/has.
SS MAMEDIATE CAUSE (A)	James of the state
ANTECEDENT CAUSE(S) DUE TO	in la General & 1941
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	THE COLON STATE OF THE STATE OF
STATING UNDERLYING CAUSE LAST. DUE TO	7 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg, etc (If ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while M. at work et work	
22. I hereby certify that latended the deceased from //-	2 - , 19 5 5, to //- 3 , 19 5 5, that I last saw the deceased
alive on 11-3-, 19.55, and that death occurs	red at 3.30M, from the causes and on the date stated above.
BIGNATURE	ADDRESS (Street City, town, step)
time la Martin	(P) held de l'12-50
	RY OR CREMAJORY LOCATION (City, town) or county) (State)
Burial Nov 5 1955 Elmwood	Cemetery Shepherdstown, West Virginia
24. REC'D BY REGISTRAR RECESTIONS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 11-3-55	Honora Francisco
DAIL	HOPPING TUNERAL ADMA ANNAPOLIS, MD



青岩 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ... After copy 10412 10390 CERTIFICATE OF DEATH Jeath. Reg. Dist. No. 21 third 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH the tr STATE MARYLAND anne Arundel Anne arundel COUNTY homs MARYLAND (It outside corporate limits, write RURAL and give negrest town) (If outside corporate limits, write RURAL LENGTH OF STAY director, OR end give nearest town) (in this place) TOWN TOWN Annapolis 2 STREET (If rural give location) HOSPITAL OR U.S. wav 1 Hospital **ADDRESS** INSTITUTION OF within STREET ADDRESS 402 Adams St., East Port, Annapolis, Laryland Anna. 4. DATE (Month) (Muddle) (Lest) NAME OF DECEASED DEATH (Type or Print) Louise HOFFMAN Nov. 19 55 Karen B. DATE OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR SINGLE, MARRIED. SEX WIDOWED, DIVORCED RACE Months (Specify) Sinale 22 November 1955 2.9 CITIZEN OF WHAT 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work filled filled done during most of working life, even if OR INDUSTRY COUNTRY? U.S. Marvland Newborn 14, MOTHER'S MAIDEN NAME Peli 13. FATHER'S NAME complete Jeseph Alfred HOFHLAN Wanda Louise YOUNG .0 physician. 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or unk.) (il Yes, give war or dates of service) Hospital Records & Family None and INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician death In. turity with prematurity 774 lday&3hrs. Se IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) law requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. e attending pl II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION pe 19a. DATE OF OPERATION YES K NO [should ! be retained 21c. WHERE DID INJURY OCCUR? (City or lown) (Stete) (County) The 21a, ACCIDENT WAS UNDERLYING [21b PLACE (Home, farm, factory, executed OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bidg., etc.) HE EITHER, NOTIFY MEDICAL EXAMINER DIRECTOR: 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? certificate assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while at work at work copy may been 22. I hereby certify that I attended the deceased from 22 Nov., 19.55, to 23 Nov., 19.55, that I last saw the deceased , and that death occurred at 10:30 MA from the causes and on the date stated above. U. D. Naval Happites (Street, city, town, stete) DATE SIGNED FUNERAL certificate Annapolis. Maryland 24 hov.1955 JOHN LIGHLY, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Slete) death 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THERE A15C Circleville, Ohio May Citible Han 26. Forest Cemetery Buria 25, FUNERAL DIRECTORY'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATURE 24. REC'D BY REGISTRAR 11-25-55



A15C 1-55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19391 CERTIFICATE OF DEATH

10413

TOOST CE	KINICAI	E OF DEX	Reg. E	Dist. No. 7
1. PLACE OF MEATH)		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
COUNTY 4 /-/	MATITLAND	STATE M	D- COUNTY A	
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY		orate limits, write RURAL and give	nearest town)
OR and give nearest town)	(In this place)	OR TOWN	1100 / 16	1
HOSPITAL OR	!		UAPOSIS	/
INSTITUTION OR 94 MARKET		STREET ADDRESS 94	MARKET	lion) _
3. NAME OF (first)	(Wighle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	H. HO	LAIDAY	DEATH NOV	13 1955
5. SEX 6. COLOR OR 7, SINGLE, M. WIDOWED, (Specify)	ARRIED, 8. DATE DIVORCED, TUL	OF BIRTH 1871	9. AGE lest birthday IF Ut Mont	NDER 1 YEAR IF UNDER 24 HR
10e. USUAL OCCUPATION (Give kind of work done during myst of working life, even H	KIND OF BUSINESS	11. BIRTHPLACE (State or for	ign country)	12. CITIZEN OF WHAT
relized)	OR INDUSTRY	MARVINI	110	COUNTRY!
3. FATHER'S NAME	ISE WI FICE	14. MOTHER'S MAIDEN	NATAE	1417
CHARLES King		Sophia	FISHER	
S. WAS DECEASED EVER IN U. S. ARMED FORCES	16 SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
Yes, no, or unk.) (If Yes, give war or dates of service)		T// 2	Holl-and la	#/
		MOHW! D.	MCHAIDAY TIK.	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION	1 . 1	ONSET AND DEATH
4 = KIMMEDIATE CAUSE (A) Co	worker	1/2 0-1 7	aller w	1
4	La de Caral	146 -30 46	, , , , ,	1950-0961 KG
ANTECEDENT CAUSE(S) DUE TO	11. 5 and - F	Jan. blace	: 4	Ok - 1-22
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CASE DUE TO	1	1 1 +		WOOLLY XY
TATING UNDERLYING CAUSE LAST.	Lacella	10-1/2	/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The last of the state of	-11-207		
TO THE DEATH BUT NOT RELATED TO THE	()			
DISEASE OR CONDITION CAUSING DEATH. 28. DATE OF OPERATION 196. MAJOR FINDIN	ACS OF ODERATION			
170. MAJOR PINDIN	OF OPERATION			YES NO
CIO. ACCIDENT WAS UNDERLYING 216. PLACE (I DR CONTRIBUTING CAUSE OF DEATH OF INJURY similar (I) OF INJURY	Home, ferm, lactory, net, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR ? (City or lown) (County) (Stete)
	21e. INJURY OCCURRED While Not while el work	21f. HOW DID INJURY OCC	JR?	
		C 1-1- 1/1.	1011	
22. I hereby certify that I attended the de		19 to	7 /3 19 \$ 9 , th	at I last saw the decease
alive on 17 17 19.55 3	and that death occurred a	at., M, from the	causes and on the date s	stated above.
SIGNATURE	1	ADD	RESS (Street, city, town, state	DATE SIGNE
* Colin ~ / work	M.D. /	Luca Aril	in frek	11-14-55
3. BURIAL, CREMATION, DATE THEREOF,	NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, fown, or co	ounty) (Steta)
ROMOVAL (SPECIFY)	St (-1,)	NEX	1 / Lunnal	H
4. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		40.7	172041041	110
A company of the comp	1	25 FUNERAL DIRECTOR'S	PIGNATURE /	ADDRESS OF ME
-Day 15 1955 11	1.1	half , 111, 9	into at Loren (1 11 Walker 1 Mc



within 24 hours after death,

certifiedle be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10424 CERTIFICATE OF DEATH

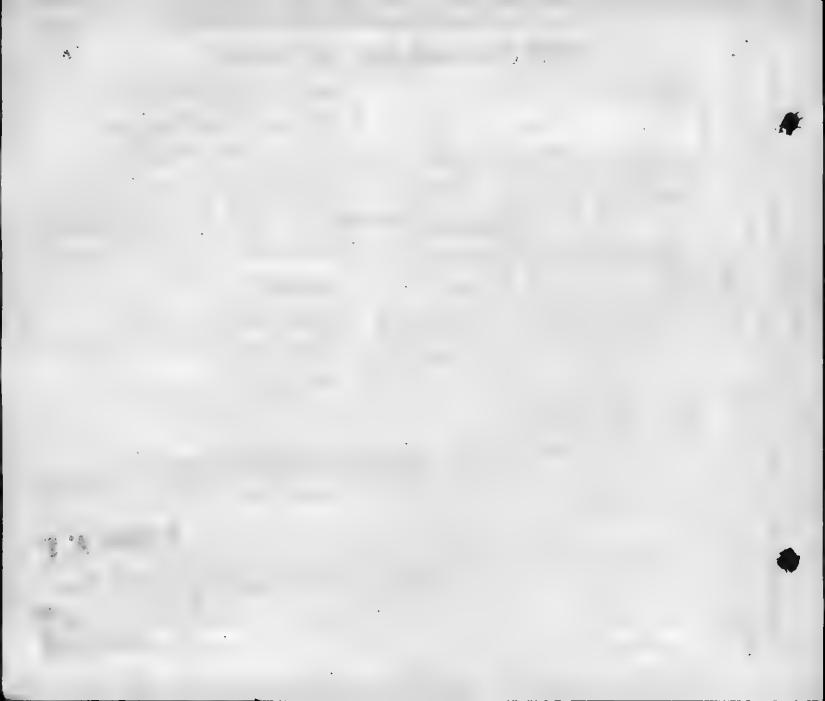
this this	MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18
geam. Arre-	10424 CERTIFICATE	Reg. Dist. No. 25
a the	1. PLACE OF DEATH Glen Burne	2. USUAL RESIDENCE (HOME) OF DECEASED
w ÷	COUNTY Com Grendel MARYLAND	STATE Maryland country arm, arendel.
or,	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
ract	X TOWN Then Berne all his left	TOWN
within 7.2 uneral dir	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
	3. NAME OF DECEASED (First) (Middle) Rangord (Type or Print) Charles Carroll Rangord	(Lest) Hoy - 4. DATE (Month) (Day) (Year) OF DEATH NOV. 16, 19 J. 5
in by the	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O. WIDOWED, DIVORCED, (Specify) Married July	
filled in		11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? L: S a.
2 × 2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME (Servode -
certificate be ful and complete a burial transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	47 ms. Course Hoy.
and bur	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ETIFICATION INTERVAL BETWEEN ONSET AND DEATH
death c	4. In Immediate cause (A) Cardio - Va	reule Disease 10 grain
of the for us	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
e atter detach	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. JUSTICE JUS	14. 20 %-an
م ح	193. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. ALTOPSY?
R: The law ecuted by ly should b	21e. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.] [If EITHER, NOTIFY MEDICAL EXAMINER]	YES NO Z- 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
FUNERAL DIRECTOR: certificate has been executedeath certificate assembly asc 1-55 10M		216. HOW DID INJURY OCCUR?
JIREC been te ass	22. I hereby certify that I attended the deceased from	19.45 to 2.47 12 19 15 that I lest saw the deceased
has fica	alive on. 2000 11 1955 and that death occurred at	ADDRESS (Street, city, town, state) DATE SIGNED
RAL ste h sertifi	James & Bellingstea M.D. 11	at A to a
FUNERAL ertificate hi eath certifii i5c 1-55 10M	23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR	
Genti deat A15C	REMOVAL (SPECIFY) NOV. 19 1955 (FLEN HAVE	
P	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25/ FUNERAL DIRECTOR'S SIGNATURE /, ADDRESS
	DATE PLOY 23, 1955 Z Alleba	IW, Luxutan Ston Durne Mit



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

90 J9	After 1	+	7
The bottom copy may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: The law requires that the death certificate be fire with the registrar within 72 Towns after Leath. After I	COD	-
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	1 E	etely	sit De
sician	ate br	compl	I tran
g phy	ertific	and	death certificate ascembly should be detached for use as a burial transit parmit.
endin	sath c	ician	24
or at	he d	phys	F LISA
Dital P	that t	ding	2
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	Part I		

€ 200 A	CERTIFICATI	E OF DEATH
P	Irundeline	Reg. Dist. No
후	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
# 1	COUNTY C.C. MARYLAND	STATE / COUNTY 2 2
ctor,	CITY III and side corporate limits, write/RURAL LENGTH OF STAY OR and sive agency, town) [in this place)	CITY (If outside oproprate limits, write RURAL and give pearest lown)
i coci	X TOWN There askess 75 Whs	TOWN frenchalus
within 7.2 funeral di	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If forel give location)
-	3. NAME OF DECRASED (Type or Print) Matheir Fulfill	(Legy (Acade (Month) (Day) (Year) OF DEATH // 2/ 1953
Py Py	5. SEX 6. CO. OR ON 7. SINGLE, MARNED, WIDOWED, SPECIFY) 8. DATE (Specify)	OF BIRTH 9. AGE test burkdey IF UNDER 1 YEAR Hours Mi Yes. Hours Mi
with the	10e, USUAL OCCUPATION (Give kind of work done during labor of working life, even if retired)	11. BETHPLACE (Stell or foreign country) 12. CITIZEN OF WHAT COUNTRY? A
> 0	13. FATHER'S NAME Thomas Histories	14. MOTHER'S MAIDEN NAME
ate be fil complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.	17/ INFORMANT & ADDRESS
LI RI	(Yes, pb, or unk.) (If Yes, give wer or dates of service)	- The Wind od bloking Chiance
and buri	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	NTERVAL BETWEEN ONSET AND DEATH
th c	Caller 101	10 40
death ysicia se as	ANTECEDENT CAUSE(S) DUE TO	
the N	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
A dinat	STATING UNDERLYING CAUSE LAST. DUE TO	
quires l attend	11 OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	in helat 1205 Aug
the c	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY)
र्द के	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID NIJVRY OCCUR? (City or lown) (County) (Stells)
The shoul	216. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE THE DISTRIBUTE COUNTY OCCURS (CITY OF TOWN)
ECTOR: The ten executed assembly sho	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work Armerk	217. HOW DID INJURY OCCUR? Clean in fed
REC been ass	22. I hereby certify/that l-ettended the deceased from	1920, to 1933, that I last saw the deceas
= = :	alive on find 7	
ERAL Carte has certifical	SIGNATURE OF STREET	ADDRESS (Street, city, town, state) DATE SIGNI
Ficat Ficat	M.B.C	CREMATORY LOCATION (City, lowp, or county) (State)
certificate death cert AISC 1-55 10	23 (BUNAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR	edeliso Pul 10
7 × ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE 1/20,55 Ged West & reares	11 H. Hulefum (Glotago Mil



hours after death.

the registrar within 72 bours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10426 CERTIFICATE OF DEATH

104162

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel	STATE Maryland county Baltimore City
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest lown) (in this piece)	CITY (11 outside corporete limits, write RURAL end give neerest town)
X Crownsville (in this piece)	TOWN Baltimore City 3V01-4
HOSPITAL OR	STREET (M rure) give location)
INSTITUTION OR	ADDRESS
Grownsville State nospital	1711 W. Mosher Street
THE COOL	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Alexander	Johnson DEATH 11 10 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	
Male Negro (Specify) Married	Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. PATRICK'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or detes of service) Unk. Unk. Unknown	Hospital Records
18. MEDICAL CE	RTIFICATION NTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
MA IMMEDIATE CAUSE (A) Arteriosclerotic	Heart Disease
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE EAST, DUE TO	
(C)	
TO THE SEATH BUT NOT RELATED TO THE	onia, Cardiac Decompensation,
DISEASE OF CONDITION CAUSING DEATHAUTICULAR Fibrillatio	n. Cerebral Arteriosclerosis
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While my Not while my	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from 8/21	, 1955, to
alive on 11/10 19.55 and that death occurred a	
M. SIGNATURES	ADDRESS (Street, city, lown, state)
there fearly times	Crownsville, Md. 11/10/55
23. BURIAS CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or county) (State)
Sund 11-14-55 mt aul	
	my I ma
24. REC'D BY REGISTRAN REGISTRAN'S SIGNATURE	28 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Mar 14 1955 at On Jorge	Kingl D. Le Son 1348h. Calhorin it

in the state of the second

this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After 10 19392 CERTIFICATE OF DEATH death. Reg. Dist. No ... P after ŧ 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED HUNE HRUNDEL COUNTY ATUNE ABUNDEL COUNTY MARYLAND hours 72 hour CITY (If outside corporete limits, write RURAL and give nearest town) (If outside corporete limits, write RURAL LENGTH OF STAY end give negrest lown? (in this place) TOWN ANNAPOLIS TOWN ARRAPOLIS STREET (If rurel giva location) INSTITUTION OR ANNE ARINDEL GEN'L. HOSPITAL OR MURRAY within (First) (Middle)-(Lest) 4. DATE (Month) (Day) (Year) 3. NAME OF DECEASED DEATH WOV. registrar ANNIE KOTZIN-(Type or Print) 6. COLOR OR 7. SINGLE, MARRIED. HE UNDER 24 HRS DATE OF BIRTH 9. AGE lest birthday IF UNDER TYEAR WIDOWED, DIVORCED RACE Months (Specify) the the 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) #i¥i Eiled COUNTRY? done during most of working life, even if OR INDUSTRY USA Heren wife filed 13. FATHER'S NAME completely Pe physician. 155 MONTICELLO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate (Yas, no, or unk.) (If Yes, give wer or detes of service) MILTON KITTIN ANNAPOLIS pue INTERVAL BETWEEN 16. MEDICAL CERTIFICATION by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician DAYS death CEREBRONASCULAR ACCIDENT 44 - O - IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DAYS requires that the MYCCARDIAL INFARCTION attending pleated for DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO detached ARTERIOSCLEROSIS GENECALIZED Elso () II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE MELLITUS 2.0 YES DISEASE OR CONDITION CAUSING DEATH the 20. AUTOPSY? þe 19e. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION The law rated by the should be YES NO S 216. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) 21b. PLACE (Home, farm, fectory, executed OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) While Not while et work et work The bottom copy may peen to Lev. 29 ... 19.5 5 ... that I last saw the deceased 22. I hereby certify that I attended the deceased from Living certificate 7.M, from the causes and on the date stated above. 11/24 19. 5.5..., and that death occurred at 9 alive on NOV has ADDRESS (Street, city, lown, stelle) SIGNATURE certificate 75 deman NAME OF CEMETERY OR CREMATORY death (Stete) BURIAL, CREMATION, DATE THEREOF AISC REMOVAL (SPECIFY) PRESITA ISRAEL 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR REGISTRATON SIGNATURE ADDRESS 1-30-55



10427 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24.

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUATRO Afunded MARYLAND	Maryland Anne Arundel	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
Y TOWN give nearest town) urnie 2(ln this place)	Town Glen Burnie	,
HOSPITAL OR INSTITUTION OR Phelps Ave.	STREET (If myral give leastion)	
INSTITUTION OR THOUSAND AVE	ADDRESO5 Harford Rd. Glen Garde	27
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	
DECEASED	()	(Day) (Year)
(Type or Print) Albert Kent Lancaster		55 19
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)Married	8. DATE OF BIRTH 9. AGE last birthday If under Months 12/14/93 63 yrs.	Days Hours Min.
DE. USUAL OCCUPATION (Give kind of work 10h. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during mental working life, even if retired) Industry	Floyd County, Virginia.	GUNGRYA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Garland Lancaster Salley Harrell		
IS. WAS DECRASED EVER IN U.S. ARMED FORCES I 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes give war or dates of 236-09-6451		T) 1 1 1/1
	Mr. Harold Lancaster (Son) Glen	Burnie, Md
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coronary Occlu	usion	Sudden
Antecedent cause(s) Discusse or conditions, if sny, giving rise to the above cause stating the underlying cause last (c) 11. UTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not	Can the 11 day to the graph property september to Address to a Address to the Contract to the	***************************************
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No)
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(SŤAŤĚ)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE Deputy Medical		
	Glen Burnie, Md. 1	1/29/55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	
PEMOVAL (Specify)		y) (State)
- Burial Sec 1/135 Glen Have-	~ Cem. Glen TSwinnip,	/10×1/001
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS /

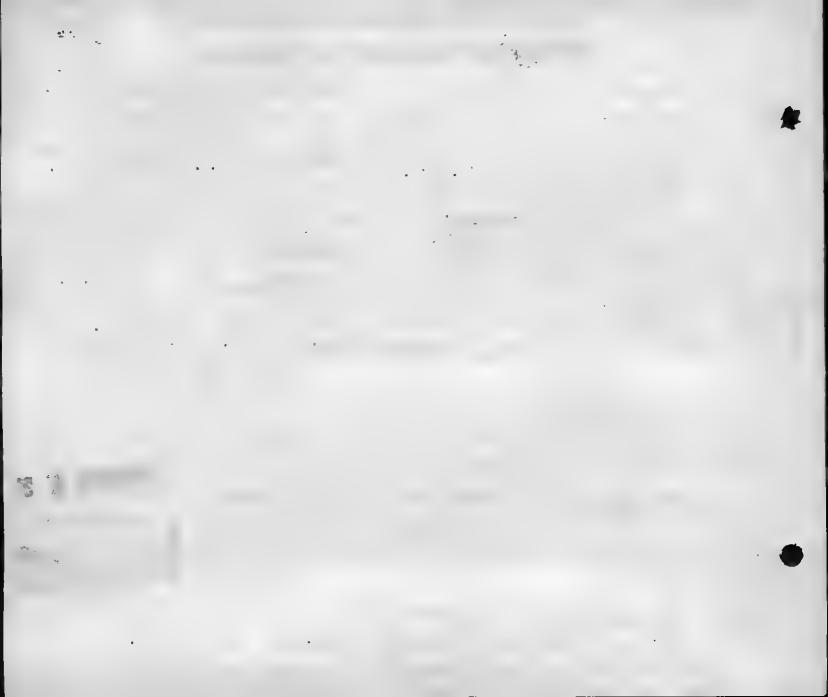
VS. A15A



10393 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY A A BO MARYLAND	STATE MED COUNTY / A CO	
CITY (if outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)	
OR end give neerest town) // TOWN Annapolis	TOWN AS ALL TO THE BOARD	10
HOSPITAL OR	STREET (Il rural give location)	
43 STREET ADDRESS Anne Arundel Genil. Hosp.	Address Quapter's 1.5. Experimental Sta	4
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day)	Yeer
DECEASED	OF	14417
(Type or Print) MARTA 3 M. L		9 55
S. SEX 6. COLOR OR 7. WIDOWED, DIVOSCON 8. DATE OF	BIRTH 9. AGE lest birthday IF UNDER 1 YEAR I	rs Min.
(Specify) and project NO	2, xxx5000xxx 85 yrs.	
10e, USUAL OCCUPATION (Giva kind of work done during most of working life, even if OR INDUSTRY	1. AIRTHPLACE (State or loreign country) 12. CITIZEN OF V COUNTRY?	TAHV
retired) housewife at home	Holland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Leonard Meyers	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Annapolis, Md.	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	7	
18. MEDICAL CERT	Mr. Leonard P. Lange-U.S. NEES Otr	ETWEEN
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
570 S IMMEDIATE CAUSE (A) sull Streets &	obstruction	
ANTECEDENT CAUSE(S) DUE TO	1 20 20 10 10 10	0
DISEASES OR CONDITIONS, IF ANY, (B)	omnual sugar 1715 /	(1Ry)
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	cardit ogsanlas	
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH, US OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTO	7 Y 2 Q C
170. MAJOR FROMOS OF OFERANOR	YES 🗍	NO D
21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, Jarm, fectory, 21 OR CONTRIBUTING 21c.) (If ETHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or lown) (County) (S	(ate)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 2 While Work et work et work	II. HOW DID INJURY OCCUR?	
01:	·	
22. I hereby certify that I attended the deceased from. Lack		deceased
SIGNATURE 10	ADDRESS (Street, city, town, state) DATE	BIGNED
TALMIN MALLER M.D. W	Frankalm ST Homogiales	112
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (REMATORY LOCATION (City, town, or county)	(State)
Burial 12/1/55 Lorraine Pa	rk Cem. Lorraine, Md.	MILK
24. REC'D BY REGISTRAR REGISTRAL SISTEMATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	617
10Ate 1 my & French	I Ken 4. Victories 4 Nous Roll	4011
(<u>19</u>		



after death.

72 hours after death. After director, the third copy of

registrar within by the funeral

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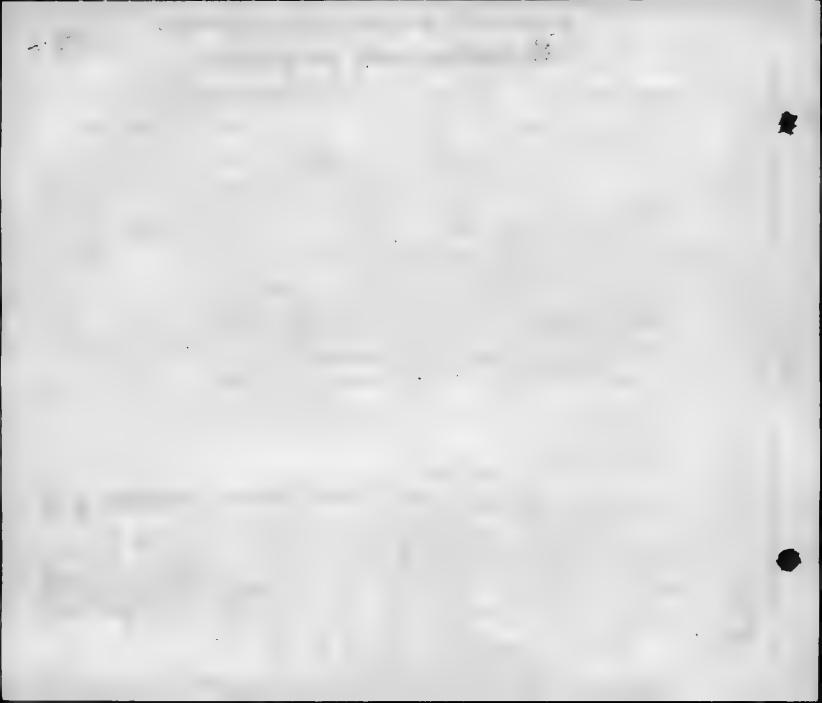
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10428 CERTIFICATE OF DEATH

10422

			Reg. Die	t. No. 2
I. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY / /	MARYLAND	STATE MI	COUNTY 19 /9	
CITY (If outside corporate limits, write RURA), OR and give nearest town)	LENGTH OF STAY (In this piece)	CITY (If outside corp	porete limits, write RURAL and give no	eresi lown
TOWN LINTHICUM	30475	TOWN / 10/7	F/F/CUM (Il rurel give location)	Ų [€]
HOSPITAL OR	x /	STREET	(Il turel give location) /
INSTITUTION OR STREET ADDRESS 108 SYCA MORE 1	Rd-	ADDRESS		*
3. NAME OF (First)	(Middle)	(i.est)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Joseph Bu	YtON LE	24118	DEATH NOU	1 19-5-3
5. SEX 6. COLOR OR 7 SINGLE, MA	rton Le	OF BIRTH		R 1 YEAR JIF UNDER 24 H
MINDOWED, (Specify)	Indoned BFC	3 1862	92 yrs. Months	Deys Hours Mit
10a. USUAL OCCUPATION (Give kind of work 10b.	vidoued DEC	11. BIRTHPLACE (State or for	sign country)	12. CITIZEN OF WHAT
A1 - B1	OR INDUSTRY	Lunt Rover	* A4 1 .	COUNTRY?
3. FATHER'S NAME		West Rover	NAME	
Louis DOUALL Lea	315	EMily C.	23. 40, 0 60	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT &	ADDRESS	
(Yes, no, or unk.) (Il Yes, give wer or detes al service)	nous-	Helen Leu	ADDRESS 108 SYCOM	ove Ra
· NO	18. MEDICAL CE	RTIFICATION	JAIMHICUM	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		• 0		ONSET AND DEATH
4-2 IMMEDIATE CAUSE (A)	-wan- vai	cular Des	no.	Jyraci.
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	hun.			
Pa. DATE OF OPERATION 196 MAJOR FINDING	S OF OPERATION			2D. AUTOPSY?
210. ACCIDENT WAS UNDERLYING 216. PLACE (HI	ome, farm, lectory,	21. WHERE DID NINDY OZON	163 (0)	YES NO
	office bldg., etc.)	21c. WHERE DID INJURY OCCI	JR ? (City or lown) (Col	unty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2	10. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?	
	Work A Not while A lawork	par	~	
22. I hereby certify that I attended the dec	consed from Kers.	1050 10 20	# 1. 10 F F above	1 last gave the dance.
alive on 6-4 3/ , 192 5 , a	nd that death occurred a	A F M from the	anuser and on the data and	I last saw the decease
SIGNATURE	no mar obam occurred a	ADI	DRESS (Streat, city, town, stells)	DATE SIGNE
James S. Belling	oleq M.D.	10 & Contral		d 1 .
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or count	(State)
BUNIS! NOUS 1953	5 ZuskeR		Lidlesulle 14	4.
24 RECID BY REGISTRAR REGISTRAR'S SIGNATU	RE /	25. FUNERAL DIRECTOR'S		ADDRESS
my Mary Caldwell	2. Wandruld	R. /1/	1 +1= 1/20	Ma Rest

The Mottom Mapy may be retained by the hospile of allending physician. certifical has been executed by the attending hysician and camplified with death certificate assumily should be intached for use as a being transit permit. VS A15C 1-55 10M.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10394 CERTIFICATE OF DEATH

10423

Reg. Dist. No. 2/

	is a substitution of the s	Y. GOOVE KERIDEHOT (HOWE' OF DECEMBER	
	COUNTY AND ATUNC OMARYLAND	STATE MD . COUNTY A.	1
	CITY (If outside corporate limits, Write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give near	si fown)
	OR and give nearest town) - (in this place)	TOWN A	
	HOSPIFAL DI	STREET (III rurel give location)	
	INSTITUTION OR SOA PARTIE	ADDRESS (III TOTAL STATE OF THE	/
	STREET ADDRESS	STA RD.	
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Day) (Yaar)
	(Type or Print) Mayauerite Guendile	DEATH NOU	27 10.55
	5. SEX 6. COLOR OR 7 SINGLE MARRIED, B. DATE, O	BIRTH 9. AGE last birthday IF UNDER	YEAR IF UNDER 24 HRS.
	RACE WIDOWED, DIVORCED, (Specily)	1203 72 Menths	Deys Hours Min.
	1071	LQ / S S Z ·	CITIZEN OF WHAT
	done during most of working life, even if OR INDUSTRY	A C .	COUNTRY?
	retired) Teacher: School,	MUNISPOLIS MO.	1, D. H.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	(1
	Theodore H. Luthicum	Mitchell. Ju	Mar. Chin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	1
	(Yes, no, or unk.) (# Yes, give wer or detes of service)		V
	18, MEDICAL CER	TIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	2 A.D IMMEDIATE CAUSE (A) (I) / YMP DA	tic leukemia.	
	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (B)		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
	(C)		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
	194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20 AUTOPSY?
			YES NO N
	21a. ACCIDENT WAS UNDERLYING 21b PLACE (Mome, farm, factory, 21c) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while	HI. HOW DID INJURY OCCUR?	
	M. al work at work		
	22. I hereby certify that I attended the deceased from 23	1955, 10 22 her, 1955, that I I	ast saw the deceased
	elive on 2 Co. M.C. J., 19. J.J., and that death occurred at.	. 363/	ahove
ž.	SIGNATURE , /	ADDRESS (Street, city, town, state)	DATE SIGNED
2	A deline, M.D.	Severus Bart	27 Mov, JJ
5	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR G		(State)
22	REMOVAL (SPECIFY)	3/1.1/	1. ml
5	24. REC'D BY REGISTRAR REGISTRAD SSIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
۶	20 1.000	O the on Jan 10th	nabolio.
	DATE (COS. 28, 1955) (1)	from off, orly con some	md.
-		7/100	177



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10395

CERTIFICATE OF DEATH

10424

	Ray. Dist. 140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Q Q. Co MARYLAND	STATE MAYYLANDOUNTY a.A. Co.
CITY (If outside corporate limits, write RURAL OR and give neerest town) TOWN LENGTH OF STAY (In this piece)	CITY (Il outside corporate limits, write RURAL end give naerest town) OR TOWN
HOSPITAL OR	STREET (If ruret give location)
STREET ADDRESS /1/2 College Ave.	1/12 College Hye.
3. NAME OF (First) (Middle) DECEASED (Type or Print) 4.148 To C	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH //
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
Specify 6-	2 7-1887 68 yrs. Months Days Hours Min. 11. BIRTHPLACE (Stels or foreign country) 12. CITIZEN OF WHAT
10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	GACMATERICT MATTHEWS- ANNA
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1, 2 IMMEDIATE CAUSE (A) Carona	y Occhesion
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DIFE TO	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while M. et work et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I rettended the deceased from 1 - 4	1931 , to 11-17-5, 19 , that I last saw the deceased
alive on 10 -14-51, 19 and that death occurred at.	1. D.M. from the causes and on the date stated above.
SIGNATURÉ (CO)	ADDRESS (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BULLAL 11-20-55 Brewe	THILL LAWAPELIS Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE / Man. J. Frenchis	WILLAMKEESE IT/CE WAS h.ST
	ANNA PELIS, Md

7 . 1 . 1 to my the second 11 · with the second 11/11/11/11

after death.

copy, of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10429

10425

10423 CERTIFICATE	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give negrest town)
X Town crownsville 7 mos. 16 days	S TOWN Baltimore City
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Crownsville State Hospital	ADDRESS 2235 Penrose Avenue
3. NAME OF (First) (Middle) DECEASED	(Last) (4. DATE (Month) (Dey) (Year)
	McDaniel DEATH 11 20 , 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF	17 /
M Negro WIDOWED, DIVORCED, (Specify) Married 5-7-(03 52 yrs. Months Deys Hours Mir
10s, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even N OR INDUSTRY relired) Pantryman	COUNTRY?
13. FATHER'S NAME	Maryland U. S.
Figure on the	
Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Georgiana McDaniels
{Yas, no, or unk.] {If Yas, give wer or dates of service}	
Wes 1923 Unknown	Hospital Records
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 023 X IMMEDIATE CAUSE (A) Heart Failure	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	Known to us for
DISEASES OR CONDITIONS, IF ANY, (B) Luctic Heart Diseases or conditions, IF ANY, (B) Luctic Heart Diseases STATING UNDERLYING CAUSE LAST. DUE TO	ase 7 mos.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Brain Synd	name due to ONG Tares
TO THE DEATH BUT NOT RELATED TO THE ON FORTILL DEATH DYNG.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	7. months
	YES NO NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	216. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from7/5	19.55 to 11/20 19.55 that I last saw the decease
alive on 11/20, 19.55,, and that death occurred at.	4:450M. from the causes and on the date stated above
SIGNATURE ALON O D	ADDRESS (Street, city, town, state) DATE SIGNE
Chill W. Cadenplan M.M.O.	Crownsville, Md. 11/21/5
23 BURIAL, CREMANON, DATE THEREOF, NAME OF CEMETERY OR	CREMATORY LOCATION (City, lown, or county) (State)
11/25/55 arbutus	Ametica Patting in made
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25/ FUNERAL PREPTOR'S SIGNATURE ADDRESS
DATE STATE	710 49 Kalim 13418 n. P. 1/ham



this this

72 hours after death. After director, the third copy of

registrar within by the funeral

축.드

exmuted within 2 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

'0430 CERTIFICATE OF DEATH

10426

Reg. (Dist.	No.	24	**** 7 4 #
OF DECEA	SED			
оинту Sam				
RURAL and give	nêer	est town)		
				×
il rural give locat	ion)			1
E (Month)		(Day)	(Year]
TH Nov		0	155	5
rthday IF UI	NDER	1 YEAR	IF UNDER	24 HRS.
yrs. Moni	hs	Deys	Hours	Min.
	12.	COUNT COUNT U.S.	OF WHA	T
dn				
Wife).				
			VAL BETW	
		Sud	den	
4 years				
		2D	, AUTOPS	Y?

1. PLACE OF DEATH	4	2. USUAL RESIDENC	E (HOME) OF DE	CEASED	
COUNTY Anne Arundel	MARYLAND	STATES ame	COUNTY	eme	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corporat			<u> </u>
X OR end give negrest town! TOWN GIEN Burnie	(in this place) 5 岁。	TOWN Same			×
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Greenway		STREET ADDRESS Same	(il tural give	lacetion)	1
	(iddle)	(Last)	4. DATE (Mont	h) (Day)	(Year)
0	ledel 51	^	OF DEATH	Nov. 10	155
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI WIDOWED, DIVE WIDOWED, DIVE (Specify) M.	oxced, 8/10,		74 yrs.	Months Deys	Hours Min.
	OF BUSINESS NOUSTRY	11. BIRTHPLACE (Slate or foreign Wheeling, W.		U.S	N OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Frederick Miedel		Magdalen	Martin		
	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (N Yes, sive war or datas of servica) 21	0-01-5356	Mrs.G.J.Mi	edel (Wife)	_	
	18. MEDICAL CER	TIFICATION			RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					SET AND DEATH
TAMMEDIATE CAUSE (A)	Cerebral Hemo	orrhage		Su	dden
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Cardio Vascular dedasses (C)					years
LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION			YES	D. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	form, factory, 2 fice bldg., etc.)	Te. WHERE DID INJURY OCCUR?	(City or lawn)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. White M. at wo	Not while	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the decearative on 11/10/55 , 19 , and SIGNATURE	that death occurred at	P.M. M. from the car	/55, 19	ate stated abov	w the deceased re. DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town	or county Ar) (Stole)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	- Juseum	25. FUNERAL DIRECTOR'S SI	GNA TUBE	4.) 070	TIMES
Y ALL STREET	De Mall	23. JUNESAL DIRECTOR'S SI	(2 1/-	SC. ADDRESS	. L D
DATE/1 AV 16, 1955	Lech	1 Rugard	4 Trula,	man / h	and my

TO ATTENDING PHYLICIAN OR HOLFITAL! The law requirm that the demit cartificate be The bottom comy may be retained by the hospital or mending physician. certificate has seen examined by the attending physician and completely filled death serificate assembly should be described as a serificate provided by the attending physician and completely filled death serificate assembly should be described for see as a serificate provided for seen and serificate provided for seen as a second for second



10100

		10101	U & & 4
1 3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
7		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. "
	1	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The	bly.	COUNTY and Grundel MARYLAND STATE COUNTY,	
fully.	and legit	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and live nearest town) TOWN TOWN TOWN TOWN TOWN TOWN	give nearest town)
		HOSPITAL OR INSTITUTION OR ADDRESS New Case Road. (If rural, give location)	a d
information	clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF DECEASED: (Type or Print) DEATH Zest. //	(Year) 1955
infor	death	5. SEX: 6, COLOR OR 7. SINGEE, MARKIED, 8. DATE OF BIRTH: 9. AGE last birthday: WIDOWED, DIVORCED, 1/12/16 Syyrs. Months Divorced 1/12/16	
DING item of	Jo Jo	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. work done during most of work life, even if retired): Littled Lay Mandaut. Halland. Euclase	COUNTRY?
Z A	can	13. FATHER'S NAME:	
)R	the	16. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: law ex (Yes, no, or unk.) (If Yes, give war or dates of service) NO Tries. Isal Clause Record	ARL.
	write	18. MEDICAL CERTIFICATION	INTERVAL BETWEE
VE		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEAT
E ER	lease	Immediate cause (a) lo sassaly relicitos	Luxellie
의 (2) (2)	Pı	Immediate cause (a) Consumary Orchicos DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) General betterio selections	?
Z	cia	giving rise to the above cause DUE TO	
RG	ysi	stating underlying cause last (c)	
(Bird	t, Physicians:	II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
WITH	important,	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	26. AUTOPSY?
Þ	imp	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Street, office bldg., etc., INJURY INJURY (County)	(State)

WRITE PLAINL ge is especially i PLEASE

23. BURIAL, CREMATION, REMOVAL (Specify):

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work Not while at work

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [3], Inquiry [3], and

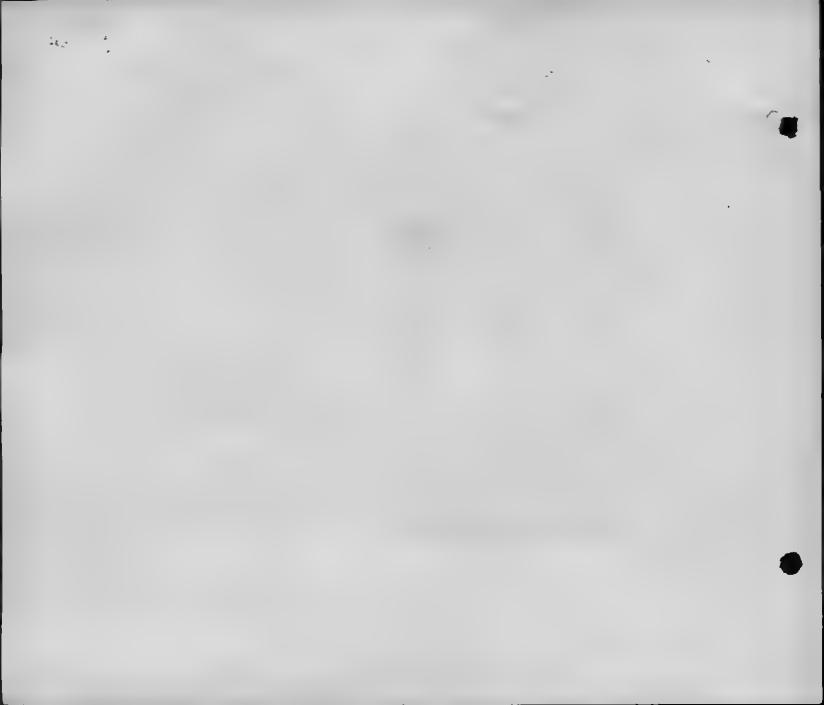
NAME OF CEMETERY OR CREMATORY

21f. HOW DID INJURY OCCUR?

find that death resulted from: Natural causes 🙇, Accident 📋, Suicide 📋, Homicide 📋, Undetermined cause 📋. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

> LOCATION (City, town, or county) ADDRESS

REGISTRAR'S SIGNATURE



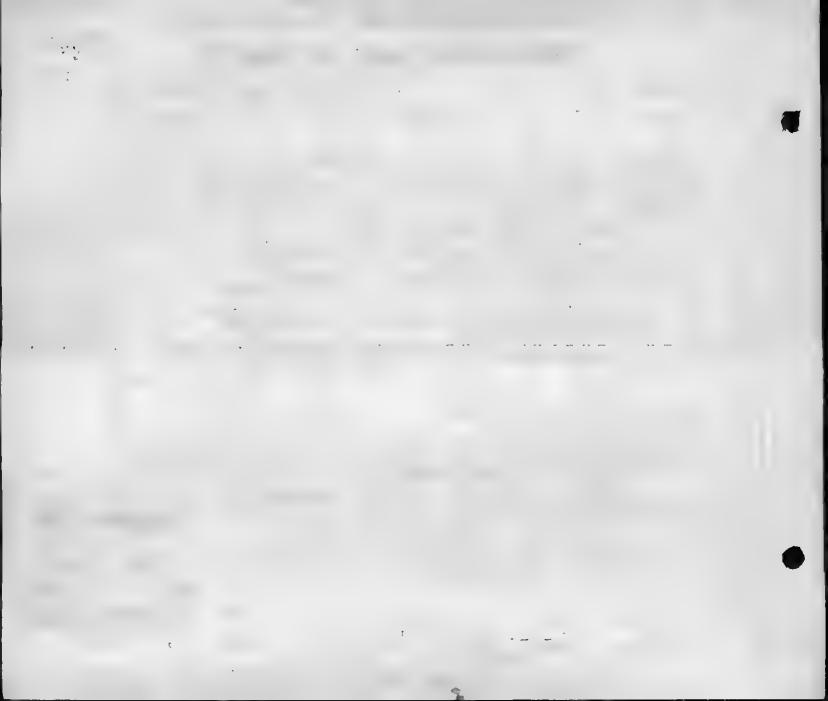
INSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10396 CERTIFICATE OF DEATH

10428

		Aug. Dist.	140
1. PLACE OF DEATH	2. USUAL RESIDENC	E (HOME) OF DECEASED	
COUNTY ANNE ARUNDEL MARY	AND STATE MARYL	AND COUNTY ANNE A	APLNDEL
CITY (If outside corporate limits, write RURAL LENGTH C	F STAY CITY (if outside corporet	e limits, write RURAL and give nearest	
OR end give nearest town) 10 TOWN ANN APPLIS		POLIS	p2 4
HOSPITAL OR	STREET	(If rurel give focation)	,
STREET ADDRESS ANNE ARUNDEL GEN'L		ATE CIRCLE	
3. NAME OF (First) (Middle) DECEASED	(Lesi)	07	Dey) (Year)
(Type or Print) HELEN	MITTLE	DEATH NOV. 2	27 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	8. DATE OF BIRTH 9.	AGE lest birthdey 1F UNDER 1 Y	
1= WOOWED, DIVORCED,	December 29, 1874	SU yrs Months D	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINE	it. BIRTHPLACE (Stelle or loreign	country) 12.	CITIZEN OF WHAT
done during most of working life, even it refired Retired Proprietor Beauty St	Manual and		COUNTRY?
refired Retired Proprietor Beauty St	100 Maryland		USA
	14. Mollier 2 Hemosia Inc	·,	
George Higgins IS. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SEC	Susian N		
15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unk) (II Yes, give wer or detes of service)	URITY NO. 17. INFORMANT & AD	DRESS 44 S	tate Circle
the too the term to the term t	Mr Thomas O.	Tilghman Anna	polis. Md.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. m k	MARCE LAB ALCONOMINE		7 HRS
	VASCULAR ACCIDEN	/	1 AKS
ANTECEDENT CAUSE(S) DUE TO	E ARTERIOSCLERUTIC C	00010.0000.000	30 VAC
DISEASES OR CONDITIONS, IF ANY, (B) MYPERIENSIV		PALMENASCOLFE	20 41-31
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO	DISEASE		
1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		 [-	
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
170. MAJOR (HODROS OF OFERAND	`		YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fector OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., et (IF ETHER, NOTIFY MEDICAL EXAMINER)		(City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCC			
	t white work		
		2.7 10 55 16.11	
22. I hereby cortify that I attended the deceased from	77		st saw the deceased
alive on//27, 19.5.5, and that death	occurred at, / /	ises and on the date stated ; :85 (Street, city, town, state)	above. (// 2) 53
John to Hadewan	M.O. 90 Citherdral	St., Cumapo	lis, Vied.
REMOVAL ISPECIEY)	CEMETERY OR CREMATORY	LOCATION (City, fown, or county)	(State)
Burial 11-29-55 St Ann	ne's Cemetery	innapolis. Maryla	nd
24. REC'D BY REGISTRAR REGISTAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIG	SMATURE ADI	DRESS
DATE 11-28-55	FORTH FILL	77	
DAIL	HOPPING FUNER	A NINTA DEL	TTC M



PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10432 CERTIFICATE OF DEATH

10429

2. USUAL RESIDENCE (HOME) OF DECEASED

county Anne Arundel	MARYLAND	STATE Mary		ne Arundel
OR end give neerest town) Y TOWN Rural Mayo, Mo	LENGTH OF STAY (In this pleca) 15 years	CITY (II outside corpo OR TOWN Rura	rete fimits, write RURAL and give al Mayo, N	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ie (1) years	STREET ADDRESS	(fil surel give location	
3. NAME OF DECEASED (First) (First) (Type or Print) Julius	(Middle) Wilmer	Morris	4. DATE (Month) OF DEATH NOV.	(Coy) (Year) 15 19 55
	WED-POLYCOP CED	g.13,1888	67 yrs. Month	
done during most of working life, even if refired Sea Food Broker	or industry Sea Food	Richmond, Va		12. COUNTRY?
Julius Caesar Morri	is	Martha A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yas, give war or dates of service II. S. Navv	16. SOCIAL SECURITY NO.	17. INFORMANT & A	-	Mayo,Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH 16. MEDICAL C	rhage		onser and death 30 minutes
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	rterioscleros	sis		10 years
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190, DATE OF OPERATION 196. MAJOR FI	NDINGS OF OPERATION			YES HO
216. ACCIDENT WAS UNDERLYING 216. PLAC OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Home, larm, lactory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUP	R? (City or town) {C	County) (Slate)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hou	While Not while	211. HOW DID INJURY OCCUR	R?	
22. I hereby certify that I attended the alive on Nove 14 , 19 55	, and that death occurred	at 5 • 30PM, from the c	auses and on the date st RESS (Street, city, town, slete)	ated above. DATE SIGNED
Z3. BURIAL, CREMATION, REMOVAL (SPECIFUL Cremation 11/18/5	5. Fort Line	Mayo,Md. or crematory oln Crematory	LOCATION (City, town, or cou	
DATE OF LEGISTRAR 1955 Edward	NATURE Collenson	25. FUNERAL DIRECTOR'S The S. N. Th	SIGNATURE 2901 Mashi	11th St. N.W noton 9.D.C.



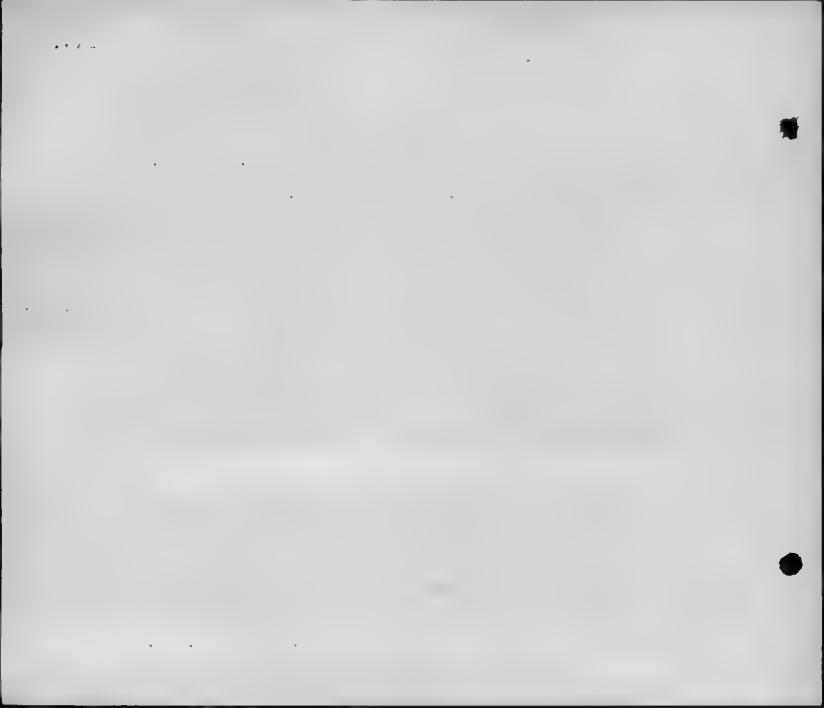
e correct

VS. A15A - 5 - 53

DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL CERTIFICATE DEATH **EXAMINER'S** OF

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
COUNTY Anne Arundel MARYLAND	STATE Maryland county
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Meade 30 minutes	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR () INSTITUTION OR STREET ADDRESS Bldg: NSA Project	STREET (If rural, give location) ADDRESS 156 S. Hilton St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) (Villiam J. Morri	(Last) 4. DATE (Month) (Day) (Year) 0F DEATH Nov 21 155
THE PARTY OF THE P	9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Steamfitter INDUSTRY:	Maryland (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Willard Morrissett	Elizabeth Decker
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of 216-07-8215	17. INFORMANT & ADDRESS: Norton Morrissett, Son. same as #2.
Immediate cause (a)	ardiovascular Disease
DISEASE OR CONDITION CAUSING DEATH	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ₺ No □
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?
	ded above, held an Autopsy 1, Inspection , Inquiry , and lent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 11/21/55
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER BEMOVAL (Specify): 11/24/55 New Cather DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
(REG. 2. 2 - 13+ Atu tedral"	J/rm. J. ichner & Sons-Balto 17.
1) RUL	Mid.

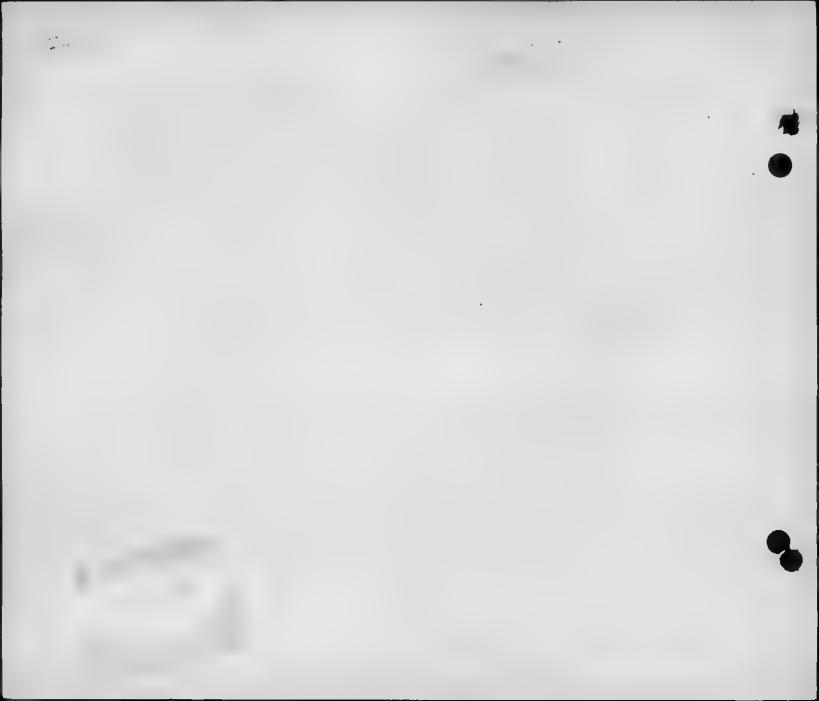


10397 CERTIFICATE OF DEATH

S	_ ^		, FOR MEDICA	L EXAMINERS	R	leg. Dist. No.	21
T.	COUNTY FURNE OF		A MARYLAND	2. USUAL RESIDENCE (HOM OF DEC	COUNTY	ar
carefully i legibly.		Apple RURAL	and LENGTH OF STAY (In this place)	OR TOWN	Topole	URAL and give	neapeut town)
y every item of information carefully the causes of death clearly and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	NS Sol	omone Il &	ADDRESS 45 \$	Omon	e Jalou	d &d.1
matic		(First)	(Middle)	KAYlor JR.	4. DATE OF DEATH	(Month)	(Day) (Year)
infor th cle	male	INC.	SINGLE, MAINTED, WIDOWED, DIVERCED, (Specify)	8. DATE OF BIRTH			year If under 24 bre Hours Min.
em of of dea	done during meet of working i	(Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTRY	WINTHPLACE (State of	in m	D. 12.	CIPZENOF WHAT
ery its	13. ATHER'S NAME	C.7	aylor Sv.	THER'S WIDEN	Blak	ke	
ly eve	(Yes, no. or toknown) (If yes, no. or toknown) (If yes, no. or toknown)	give war or dates of	16. SOCIAL SECURITY No.	atline Hoylo		anyap	who, me.
Suppl	I. DISEASES OR CONDITI						INTERVAL BETWEEN ONSET AND DEATE
INK. please	762 4mmediate cause	e (n). As	sperahou Vas	nites.			. 19-
UNFADING II t. Physicians: p	Antecedent caus Diseases or condition giving rise to the about the underlying	na, líany, (b) ove cause	ANTH-MADDICAL ALL ALLEGED AS A ALLEGED AND A	and the contract of the contra			V his 4+ h V Salamid delicted the Middlegale color of a delicted a 4+0+7-0-
FAI	U. OTHER SIGNIFICANT	(e)				- 1	
P. S.	Conditions contributing to t	the death but not ndition causing death.					
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WITH inportant	21. EXTERNAL CAUSE WA PRIMARY OR CONTRIB CAUSE OF DEATH.	AS PLACE OF INJUR	(Home, farm, factory, street, office bldg, etc.)	(CITY OR'	rown)	(COUNTY)	(STATE)
'LAINLY especially	TIME (Month) (Day) OF INJURY	N. A.	NJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CURI		
E PLAI	22. I certify that I took of obtained by said Ango	iarge/of the remain	s described above, held an a	Autopsy , Inspection vared died on the dry state	Inquiry dabove, and de	hereon and frath in my o	rom the eridence
WRITE	SIGNATURE SIGNATURE	it, arciferd	, suicide], homicide ; (Degree or tipe)	undetermined	18.0		DATE SIGNED
E W	a Chri	o fulls	US	Connel pr	lykk_	11-1	1858
EASE	21. XIRIAL, CREMATION	DATE THEREPS	5 Brewer	Will/	OCATION (City.	townsor county	(State)
고 교	REG. 10 10 56	REGISTRARS SI	GNATURE	24. FUNERAL BIRECTO	R	1.011	ADDRESS

The correct age

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Sumply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

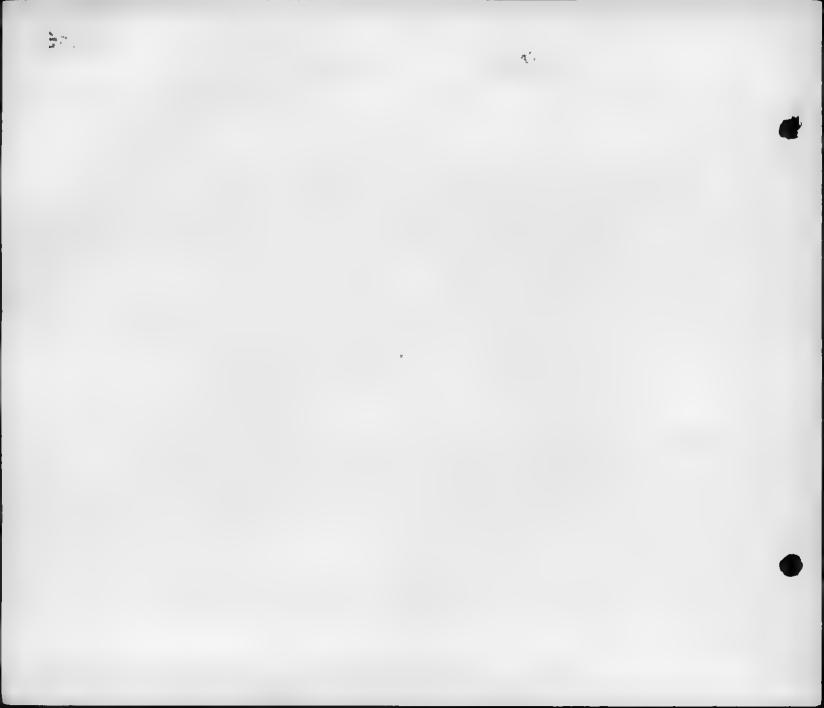
The correct age

10434 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

L. PLACE OF DEATH COUNTY Anne Atunde MARYLAND CITY (if outside corporate limits, write RURAL and length of the place) County Anne Atunde County Anne			
CHY (If outside corporate limits, write RURAL and LENGTH OF STAY FOW DEATH OF STAY F	COTINITY	2. USUAL RESIDENCE (HOME) OF DECEASED	
CHY (If outside corporate limits, write RURAL and LENGTH OF STAY FOW DEATH OF STAY F	Anne Arundel MARYLAND	Maryland	
STREET ADDRESS Green Haven STREET		CITY (If outside corporate limits, write RURAL and give in	nearest towo)
STREET ADDRESS Green Haven STREET	A TOWN Pasadena Few minutes	TOWNItimore 26	1001 W
STREET ADDRESS (First) Gold on (Last) Control on (Last) Cont	HOSPITAL OR VII Avenue	STREET (If rural, give location)	
3. NAME OF PETERS Color or RACE Color or R	O STREET ADDRESS G	3010 Pages Street	V
DECEASED (Type of Pixel) 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 1. SINGLE, MARRIED 1. SINGLE, MARRIED 1. J28/98 1. SETHINAY I Hunder Jyst Minder Jyst			Day) (Veer)
S. SEX G. COLOR OR RACE Vision V	DECEASED	OF	
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10. USUAL OCCUPATION (Give kind of work done during most of weight for the kind of work done during most of weight for the first f	M. White WIDOWED, DIVORCED.	1/28/98 57 yrs. Months D	Hours Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIF	10s. HSUAL OCCUPATION (Cive kind of work) 10b. Kind of Business of		
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16. WAS DECRASE EVER IN U.S. ARMED FORCEST (19. Was, to, or unknown) (19. Wes, to, or unknown) (13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u> </u>
16. WAS DECRASE EVER IN U.S. ARMED FORCEST (19. Was, to, or unknown) (19. Wes, to, or unknown) (?	Catherine Myers	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coronary Occlusion Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last stating the underlying cause last conditions contributing to the death but not conditions contributing to the death but not related to the disease or condition causing death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidgs, etc.) OF OFFIRMARY OR CONTRIBUTING OF office hidgs, etc.) 13. NATURY 24. EXTERNAL CAUSE WAS PRIMARY OR COURTED OF OFFIce hidgs, etc.) OFFIRM (Month) (Day) (Year) (Hour) INJURY OCCURRED OF DEATH. TIME (Month) (Day) (Year) (Hour) While at work at w	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
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Antecedent cause(s) Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing deeth. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ENTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING OF office hidg, etc.) OF office hidg, etc.) OF office hidg, etc.) TIME (Month) (Day) (Year) (Hour) While at work at wo	Immediate cause (a) Coronary Occlus	ion Su	dden
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22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and fram the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE Deputy Medical Examinat 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE PAGE 11 - PU - 1 - PU - PU	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry thereon and fram the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE Deputy Medical Examiner 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) B 1+1 DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE PAGE 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ACCULT: FU . 1 Ft	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide ,	ased died on the day stated above, and death in my an undetermined ADDRESS Glen Burnie Md. RY OR CREMATORY LOCATION (City, town, or county)	DATE SIGNED
REG. s.cCull ru . 1 no .s - 1 E. rt a.	B 11/8/55 psitimore	N2616 v1	
	REG.		





VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrum within P. Inurs after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

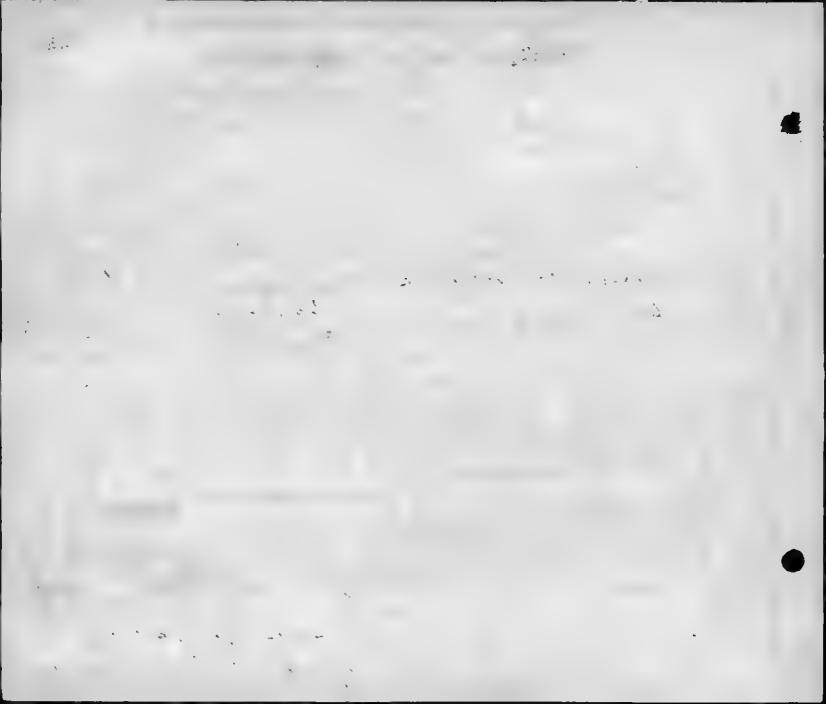
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10433

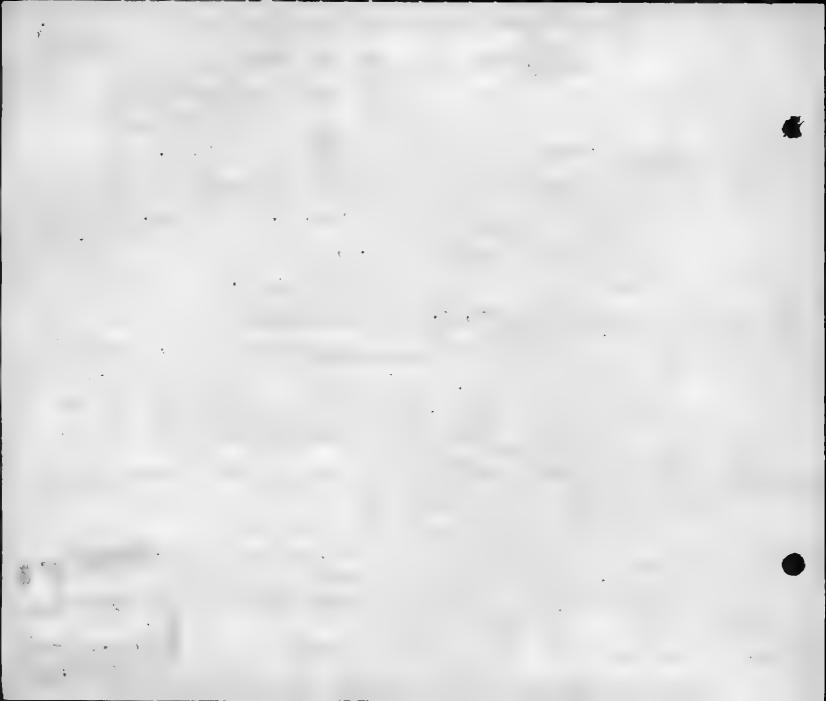
Reg. Dist. No.

10435 CERTIFICATE OF DEATH

1. PLACE C	F DEATH	7 -	<u> </u>		· · · · · · · · · · · · · · · · · · ·	2. USUAL	RESIDENC	E (HOME) OF	DECEA	SED		
COUNTY	Anne Aru	nda?		MARYL	AND	STATE S	ame	COUNT	y Same	3		
CITY (If or	atside corporate limits,	writa RURAL		LENGTH OF	STAY			le limits, write RURA				
Y TOWN	P.O.Glen	Burnie		(in this pl		TOWN	Se	ume			X	
HOSPITAL C INSTITUTION STREET ADD	OR 29 01	edar Dr V Park	ive			STREET ADDRESS	Same	(If rure)	give localic	on)	1	
3. NAME OF		Y Fack	(N	(iddle)		(Last)		4. DATE (N	ionth	(Day)	(Ye	ar)
DECEASI (Type or Prin	ED	- 1		ah awaa				OF DEATH	11/8	/55		
5. SEX	Sherry		LE, MARRIED	sborne	a. DATE	OF BIRTH	1 9.	AGE (est birthdey	I IF UN	DER 1 YEAR	IJF UNDER	R 24 HRS
_	RACE		WED, DIVO			22/0/22			Month		Hours	130
F. HEIAL OC	White		13.	OF BUSINESS		11/8/55	State or foreign	yr.	t. }	12. CITIZE	N OF WH	1 100
dona durino	most of working life.			NDUSTRY	•				249	COUN	TRY?	IA.I
retirefron	9							n Burnie,	Md.	U.S	.A.	
13. FATHER'S N	AME					14. MOTHER	'S MAIDEN NA	AME				
Her	man Osborn	9					Shirley	Ford				
	SED EVER IN U. S. A			SOCIAL SECU	JRITY NO.	17. INFC	RMANT & AD	DRESS				
(Yas, no, orunk.)		r detes of service		one		Mrs.	H. Osh	orne, (mot	ther)			
- DISTANCE OF	CONTRICTIONS DIRECT	V IIIADINIO TO			DICAL C	ERTIFICATION					RVAL BET	
	CONDITIONS DIRECTI	LY LEADING TO		A A							er and r inute	
776X "	MMEDIATE CAUSE	(A) _	IL	ematur	8						TIIGG	98
AN	TECEDENT CAUSE(S)	DUE TO										
GIVING RISE TO	ONDITIONS, IF ANY THE ABOVE CAUS RLYING CAUSE LAST	DUE TO										
II OTHER SIGNIF	ICANT CONDITIONS C	(C)									-	
TO THE DEATI	BUT NOT RELATED TO	O THE								!		
190, DATE OF O		95. MAJOR F	INDINGS O	F OPERATION	1					20	. AUTOP.	SY?
										YES	and the same of th	0 📆
OR CONTRIBUTIN	WAS UNDERLYING [G CAUSE OF DEATH Y MEDICAL EXAMINER]	i OF INJUR	CE (Home, ly street, off	farm, factory ice bldg., etc.	í	21c. WHERE DID IN	JURY OCCUR?	(City or town)	(C	ounty;	(State	a)
21d. TIME OF IN	JURY (Month) (Day) (Year) (Ho	ur) 21e. I While		RRED while	211. HOW DID IN	JURY OCCUR?					
22 I basel	y certify that I	عة اممامم قد		ad 6 7	1/8/5	5 10	1-17/8	/55 10	4 h m	L. Lastina		
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alive on.	★#/º/ ノ.Z, HBF /	. IY	, and t	hai death	occurred	at 11,30 Mg	MAD THE CAL	uses and on the 155 (Street, city, t	telela awa		e. Date s	IGNED
Mucho	12.	leade	119		0	lan Dumnda		(anomy cut)	,,	77/0/	EE	IGITED
23. BURIAL, CRI		ATE THEREOF		NAME OF C		len Burnie	g Pilia	LOCATION (City, to	own, or cou	nty)	1	(State)
Burial	SPECIFY)	1/9/55		Glar	Lingra	n Momania		Clan Ps	mnic	Ma		
24. REC'D BY R	GISTRAR I R	EGISTRAR(S SI	GNATURE \	grai	nave	n Memoria		GLen Bu	TITE.	ADDRESS		
DATE / Com	7.1455	it!	2	"ali	72	Hoppin	ual .	01.6-12	len-	TONA	_Md_	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

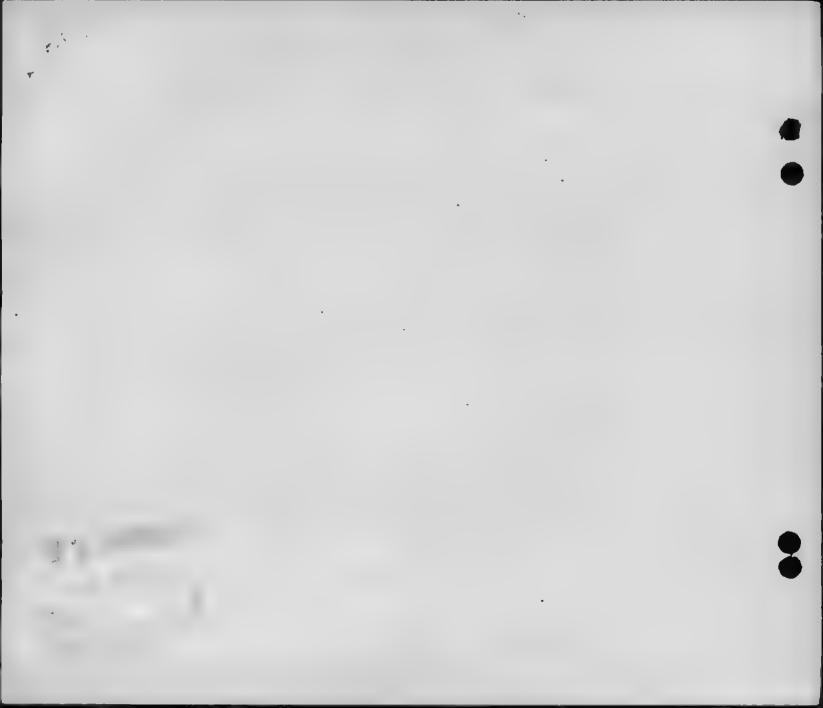
10438 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Anne Arund
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Fort George G. Meade Boays	OR Linthicum
HOSPITAL OR INSTITUTION OR U. S. Army Hospital	STREET (If rural, give location) ADDRESS /.07 Forrest View Road
3. NAME OF Edward (Siret) DECEASED (Edward Comment) (Type or Print)	
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Larried	9. AGE last birthday H under 1 year H under 24 hrs. 29
10s. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) ATTIV 13. FATHER'S NAME	Pennsylvania 11. BirthPlace (State or foreign country) 12. CITIERN OF WHAT COUNTRY!
Unknown	14. MOTHER'S MAIDEN NAME
15. Was Discussed Even in U.S. Armed Forces! (Yes, up, or unknown) (If yes, give war or dates of 16S No.	Linkhorn Linkhorn Hts, Md.
18. MEDICAL CE	RTIPICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cardiac for C	emphysemaly 2m 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(c) Chronic-bronchitis, 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	, bronchiecfasis & obstructive emphysema .
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yeavel No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF m, While at Not While INJURY m, At work	HOW DID INJURY OCCUR!
22. I hereby certify that I attended the deceased from Nov 21 alive on Nov 21, 19.55, and that death occurred at SIGNATURE SAPUEL D. GAEY, MD (Degree or title) 23. BURIAL CREMATION DATE THEREOF WAME OF CEMETER	19, to
DATE REC'D BY LOCAL TREGISTRADE SIGNATURE	tional Arlington Virginia 24. FUNERAL DIRECTOR ADDRESS
REG. 21 Nov 55 T. L. SAYDER, 1/Lt MSC	TM CCOK, INC. FALTC., MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

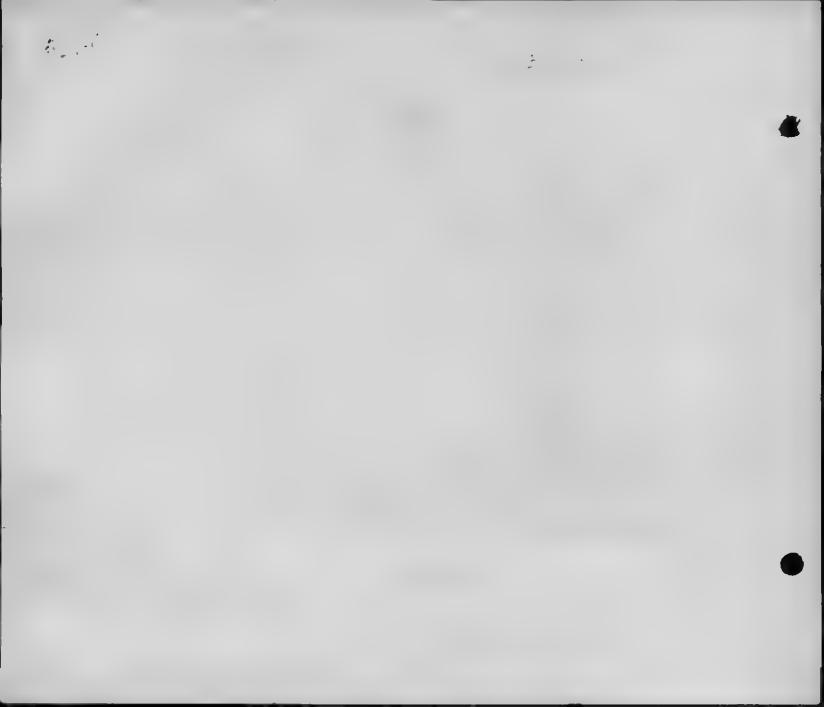
VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

corre	MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH	No				
o o	1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:					
_ £ ;	county, U. MARYLAND	STATE M. COUNTY					
ly.	CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest jown)	Y CITY (If optside corporate limits write RURAL as	nd give nearest town)				
4 E	OR and give nearest jown) TOWN Level (in this place)	TOWN (auternall	345 -4				
carefully. The and legibly.	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)				
	STREET ADDRESS Lawel Kack Kack	"	ade. V				
atic	3. NAME OF (First) (Middle)	fift OF ~	ny) (Year)				
E C	6. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TE OF BIRTH: 19. AGE last birthday: If UNDER	19 5 0				
Supply every item of information write the causes of death clearly	RACE: WIDOWED, DIVORCED, (Specify): Married		Days Hours Min.				
P G	10a. USUAL OCCUPATION (Give kind of .) 10b. KIND OF BUSINESS		2. CITIZEN OF WIIA				
N w	work done during most of work life, INDUSTRY:	Delawere !	COUNTRY				
BINDING very item	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
E E	guella. Usellon	Mary Hoceday					
R Z	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.)] (If Yes, give war or dates of	17. INFORMANT & ADDRESS:					
FOR pply e	service)	*					
Sul	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;	CAL CERTIFICATION	INTERVAL BETWEEN				
K. K.	Immediate cause (a) Loronary	Oad wind	ONSET AND DEATE				
Sea I	Immediate cause (a).	y received	· · · · · · · · · · · · · · · · · · ·				
RESERVED ING INK. Suns: please wa	Antecedent cause(s)						
ganny jung	Diseases or conditions, if any, (b)	*** * * * * * * * * * * * * * * * * * *					
FA Fic	stating underlying cause last (c)						
MARGIN UNFAD Physicia	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
阿克特	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
tan	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY?				
pod.	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factor	ry, , 21c. (City or town) (County)	Yes No 🗗 No 🗗				
Ž.A	PRIMARY or CONTRIBUTING OF street, office bldg., e CAUSE OF DEATH.						
NA	21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?					
LA	INJURY M. work at work [4 -				
E E	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , an find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause						
	SIGNATURE	CILIEF MEDICAL EXAMINER	DATE SIGNED				
WR	Sinction Ataulea Mich	M. D. ASSISTANT MEDICAL EXAM.	11/1/55				
LEASE WRITE PLAINLY, WITH age is especially important.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	couplty) (State)				
AS	prine 11-412 Mester	adition	1.11.				
3	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS				

VS. A15A - 5 - 53



72 hours after death. After this director, the third copy of this

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10399 CERTIFICATE OF DEATH

10440

Reg. Dist. No. 21

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
() ()	med ()
COUNTY LL. MARYLAND	STATE ///C/. COUNTY (L)
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give/hearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
12 TOWN / James & A.F.	TOWN / James & Ak
HOSPITAL OR	STREET (Il Leural give location)
INSTITUTION OR IN M STREET ADDRESS IN M STREET ADDRESS	ADDRESS , A A A A A A A A A A A A A A A A A A
11. 3000	1 // Trewer Cire
3. NAME OF DECEASED (First) (Myddia)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Caroline (Yeberea (17 MISSOCC DEATH //- 8- 1055
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. B. DATE C	OF/BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
7 White Great Clow 3-	26-1879 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if DR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
rationally had 3	I have her MI Growner A
13. FATHER'S NORME L	14. MOTHER'S MAIDEN NAME
and a side yeta	14. Mo HER S MAINERY HAME
Journe Junes	Lizna Janer
15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
[Yes, no, or unk.] [If Yes, give wer or detec of service]	Caroline Gates Musiell (2)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
442 X IMMEDIATE CAUSE IA COURT ESTEV	> Mr och crailer Agreed
Dis 70	t i A Straith
DISEASES OR CONDITIONS, IF ANY. (B)	ing Och rosin + Hylestrama Susaral
STATING UNDERLYING CAUSE LAST. DUE TO	ysars.
10 house u	rifleroon Swarpel
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	· heritas
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 mondo con
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21f. HOW DID INJURY OCCUR?
White Not while	an trott old mader occor:
M, at work the et work the	
22. I hereby certify that I attended the deceased from	195 the to You 195 that I last saw the deceased
alive on 1000 S, 19.55 and that death occurred at	1.50 M from the causes and on the date stated above
# SIGNATURE	ADDRESS (Street, city, town, stelz) DATE SIGNED
Dus Purces M.D.	leveration ma 11/10/55
23: BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, of county) (State)
12 write 124 35 St (m	res amakotes ma
24. REC'D BY REGISTRAR REGISTRACES SIGNATURE	26 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV. 11, 1955 11 Tours	John M. Layers Comoported



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

V\$ A15C 1-55 10M

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19440 CERTIFICATE OF DEATH

10441

Reg. Dist. No. ... 23

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY A A	MARYLAND	STATE	COUNTY	
CITY (If outside corporate fimits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	orate limits, write RURAL end give nea	resi fown)
OR and give nearest town) TOWN LIVITLICULU	(in this place)	TOWN	CAN	4
HOSPITAL OR	100.	STREET	(If rural give focation)	
INSTITUTION OR Medora & UNRE	o ina love.	ADDRESS &		
3. NAME OF (First)	Middla)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Julie (Julia) Lis	-111 SC	clise	DEATH /	30 1955
5. SEX 1 6. COLOR OR 1 7. SHUGLE, MARRIE	DEL 18. DATE O		9. AGE last birthday IF UNDER	
RACE WIDOWED, DWG	ale Oct.	23 1881	7 2/ yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (Stale or fore	ign country) 12	. CITIZEN OF WHAT
relified) NONC	A-DOSTAT	Boltomer	e nel.	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
arthur Sachse		amelia	Rineland	<i>t</i> -
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	16-01-3318	Win gl	26-6.20	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CER	TIFICATION	Cl	INTERVAL BETWEEN ONSET AND DEATH
24/X IMMEDIATE CAUSE (A)	eleval .	Haccorons	hore	2 days -
ANTECEDENT CAUSE(S) DUE TO				1
DISEASES OR CONDITIONS, IF ANY. (B)	lenco- A	Elenos	2 -	6 hr -
GIVING RISE TO THE ABOVE CAUSE DUE TO				1
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	. /			2 7nos-
DISEASE OR COND TION CAUSING DEATH.	OF OPERATION			20. AUTOPSY?
176. DATE OF OFEREION	or orekanon ,			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. P.ACE (Homa. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of		TE. WHERE DID INJURY OCCU	R? (City or town) (Coun	(Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a.	INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?	
M. St wo	Not white			
22. I hereby certify that I attended the decease	sed from 11,13-8,15	5., 19 lo.///	3.0, 19.55, that I	last saw the deceased
alive on 11/30 19.53 and	that death occurred at,	10 HM, from the	causes and on the date state	d above.
SIGNATURE	J	O I ADD	RESS (Straat, city, town, stete)	DATE BIGNED
Chas-Li Dall &	M.D.	millien	en III.	11/32/55
23. BURIAL, CREMATION, DATE THEREOF (NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	(State)
Burnel 12-3-55	Ceclar	Hell Co.	Relative 14	Ey_
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	. 1	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES
DATE (W 10'2) Dr. Caldwell	Woodruff	Educad To	rulson 2354 wa	el Bled Bara
	10/3			me

₹ & ...

Balto.30

lto.i

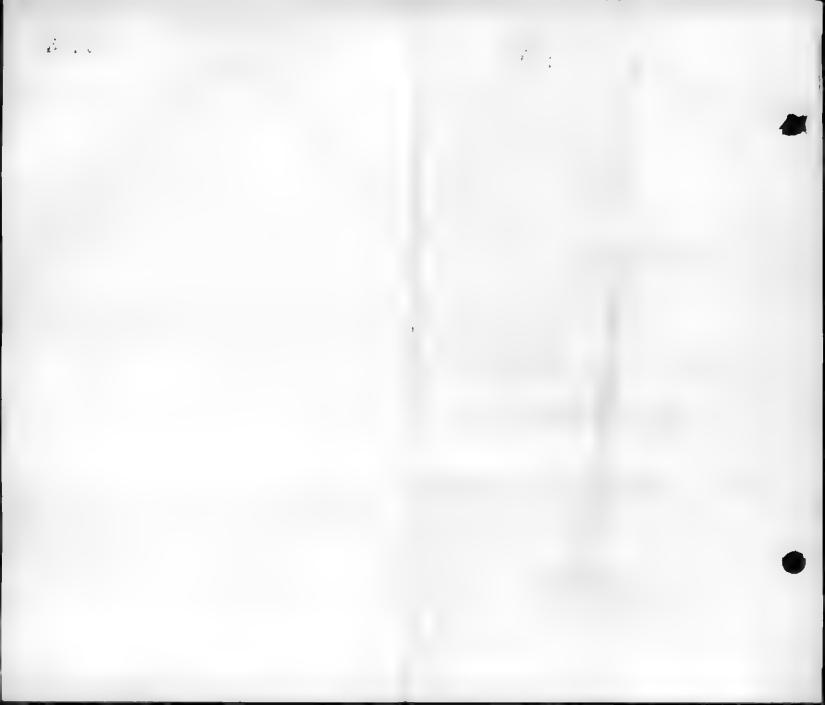
(STATE:

(Day)

Days

Interval Retween

Onset And Death



1. PLACE OF DEATH

OR

HOSPITAL OR

THE STREET ADDRESS

NAME OF

DECEASED

(Type or Pr nt)

13. FATHER'S NAME

INSTITUTION OR

13 TOWN

5. SEX

FEMALE

ANNE ARUNDEL

(Eirst)

GEORGIANA

(If Yes, give war or detas of service)

22. I hereby certify that I attended the deceased from

DUE TO

(Yaar) (Hour)

196. MAJOR FINDINGS OF OPERATION

21b PLACE (Home, form, factory,

OF INJURY street, office bldg., etc.)

While at work

21e. INJURY OCCUR

..., and that death o

NAME OF C

BREWER

CARVER STREET

SINGLE, MARRIED WIDOWED, BIYOSCEP D

(if outside corporete limits, write RURAL

end give neerest town)
ANN APOLIS

6. COLOR OR

COMBRED

10e. USUAL OCCUPATION (Give kind of work

JAMES HOWARD

done during most of working life, even if

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING IT

OR CONTRIBUTING TI CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day)

19a. DATE OF OPERATION

alive on. SIGNATURE

BURIAL, CREMATION, REMOVAL (SPECIFY)

24. REC'D BY REGISTRAR DATE NOV. 14. 1955

T. DISEASES OR CONDITIONS DIRECTLY LEADING TO-DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

STATE

TOWN

STREET

OR

10400 CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY

(in this plece)

(Middle)

10b. KIND OF BUSINESS

OR JUDUSTRY

16 SOCIAL SECU

NONE

18. MED

10443

Reg. Dist. No. 21

COUNTY ANDE ARUNDEL

(If sural give location)

	ADDRESS 5	CARVER	STREE					
-	(Last) SIMS		4. DATE OF DEAT	(Mor		0/1955	(Year)	
5/6/18	888		AGE lest birth 67	day yrs.	IF UN Month	DER 1 YEAR Deys	Hours	Min.
	II. BIRTHPLACE (SIE ANNAPOL:	IS, MAR	YLAND			12. CITIZEI COUN	OF WHA	Ť
	1	NOWN						
RITY NO.	WILLI	AM SIA		ARVE	er s'			
CAL CER	THE LA	part	ensir	4,			ET AND DE	
coles	115	- Chi	21-0	-		21	hat	his
2	ic. WHERE DID INJU	RY OCCUR? (City or lown)		(0	20 YES	AUTOPSY NO (State)	X
RED 2	ZIF. HOW DID INJUI	RY OCCUR?						
7 15 occurred at	1925	m the cause	es and on	the o	date st		э.	1
	S-CREMATORY) CEMETERY	\$7 C		14. 10 N	n, or cod	POLIS,	Mark Bid	13-
d	25. FUNERAL DIE ETHEL L	HICKS-	45 NOF	(TH)	EST	ADDRESS STA	INAPO	LIS

2. USUAL RESIDENCE (HOME) OF DECEASED

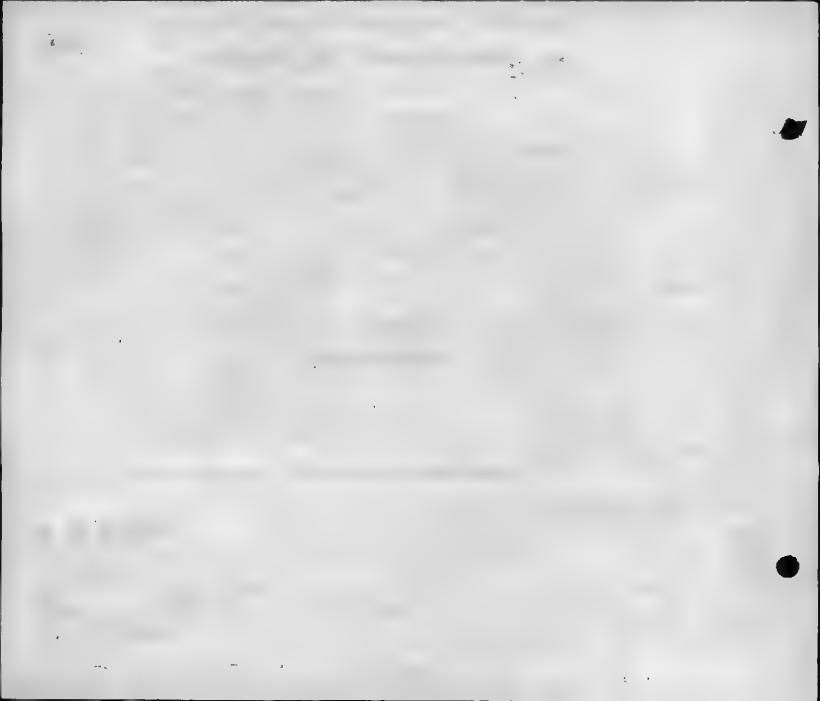
(If outside corporate limits, write RURAL end give negrest town)

MARYLATID

ANNAPOLIS

use requires that the cathe cather the attending phy be detached for use pe The bottom copy may be retained by FUNERAL DIRECTOR: The law certificate has been executed by death certificate assembly should be 10M 1.55 A15¢

ATTENDING THYSICIAN



correct

EA

MARYLAND STATE DEPARTMENT OF HEALTH

10442 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-Anne Arundel County Mary land MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN P.U. Glen Burnie, Md. Glen Burnie. Md. TOWN (P O HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET In the woods, Solly Road, Freetown (If rural, give location) Solly Road. Freetown 3. NAME OF (First) (Middle) 4. DATE (Luat) (Month) (Your) (Day) DECEASED Margaret Simms (Type or Print) DEATH Nov 19 55 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARTIO 9. AGE last birthday | If under 1 year | If under 24 bre. | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH Female 7897 Colored 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT dope during most of working life, even if retired) INDUSTRY COUNTRY! Housew fe A A Co. 13. FATHER'S NAME Green IT. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yearbo, or unknown) | (If yes, giva war or dates of None Thomas Denis Simms 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH 75.3 (Unknown (See reverse side) Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [] No XO 21. EXTERNAL CAUSE WAS PLACE (Home, ferm, factory, street, OF office bldg., atc.) (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR! INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry ... Interior and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes XI, accident □, suicide □, homicide □, undetermined □. SIGNATURE (Degree or title) DATE SIGNED Deputy Glen Burnie. Md. Examiner Nov. 25. 1955 Med. NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF WEMOVAL (Specify) arra REGISTRAR'S DATE REC'D BY LOCAL REG.

The body of Margaret Simms (deceased) was found decomposed and beyond recognition in the woods 75 yards from her home. She was identified by her husband, Thomas Dennis Simms, by her shoes and her dress. According to the husband she had been missing since Labor Day, 1955.

Lustove ARaubert M

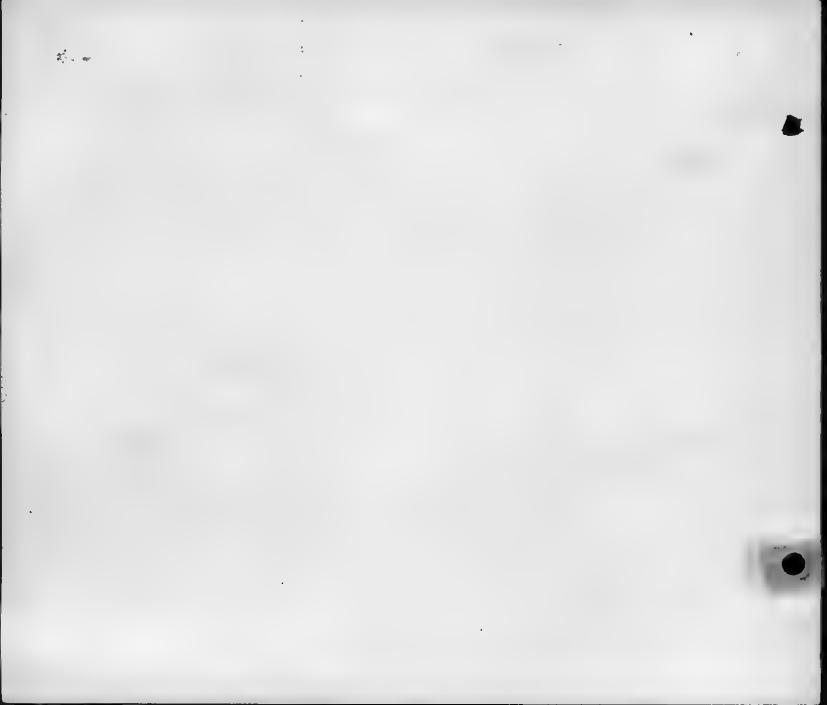
MARYLAND STATE DEPARTMENT OF HEALTH

10443 CERTIFICATE	OF	DEATH
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- co	Item 7, Film 01'8 11-10-55 et FOR MEDICAL	EXAMINERS Reg. Dist. No23.
. Th	1. PLACE OF DEATH- COUNTY In The Arunde MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY
efully gibly.	CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR TOWN (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltinous
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Burnie High School	STREET (Il rural, give location) ADDRESS 308 Ilchester Ave-
matio arly a	3. NAME OF (First) (Middle) DECEASED (Type or Print) Vohn (effersom)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 1.00. (Unit) (190)
of information carefully death clearly and legibly.	6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) WILDOWED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hn Months Days Hours Min.
of des	done during most of working life, even lightered 10b. Kind of Business on Industry 10b. Kind of Industry 10b	Ballimore Waryland Country Q
auses	John smallwood	Martha Lambert
Supply every item write the causes of	16. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	E. W. James, 2831 n. Howard St
Supp write	IS. MEDICAL CE	INTERVAL BETWEEN ONEET AND DEATE
INK. please	THE COURT OF THE C	Cuision
UNFADING I	Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause	1957 - SPESSELVENTARE CHARLES AND
ADI	stating the underlying cause last	
it P	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yee No 🖒
Y, W	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
PLAINLY, WITH U is especially important.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. week at work	HÓW DID INJURY OCCUR?
Pl./	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	used died on the dry stated above, and death in my opinion resulted
WRITE	from: natural causes accident, suicide, homicide, signature (Degree or title)	undetermined ADDRESS DATE SIGNED
		RY OR CREMATORY LOCATION (City, town, or county) / (State)
PLEASE	DATE RECID BY LOCAL RECISTRAR'S SIGNATURE	
P	11/3/55 11.1 Hed rich	Wm. 6 ook the 1207 fb Saul of
,	06	

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MARGIN RESERVED FOR BINDING



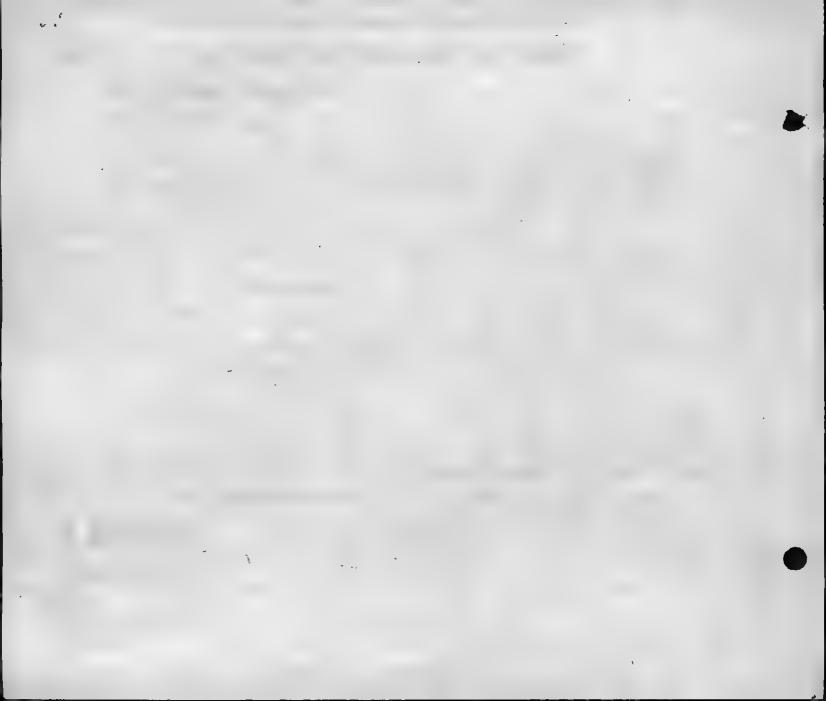
certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10401 CERTIFICATE OF DEATH

Rea. Dist. No....

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND CITY (If outside corporale limits, write RURAL LENGTH OF STAY CITY (If oulside corporate fimils, write RURAL and give nearest town OR. and give nearest lown) (in this place) TOWN TOWN STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (Middle) NAME OF (last) 4. DATE (Day) (Yeer) DECEASED OF (Type or Print) DEATH 19 SEX SINGLE, MARRIED DATE OF BIRTH COLOR OF AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. RACE Months Hours Days (Specify) 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS B.RTHPLACE (State or foreign country) CITIZEN OF WHAT OR INDUSTRY done during most of working life, even if COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unk.) burial 1110 CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH USe as **MAMEDIATE CAUSE** (A) DUE TO ANTECEDENT CAUSEIS! DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. detached (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. å 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [NO pluods 210. ACCIDENT WAS UNDERLYING IT 21b PLACE (Home, ferm, factory, 2fc. WHERE DID INJURY OCCUR? (City or lown) (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21a. INJURY OCCURRED 21. HOW DID INJURY OCCUR? While Not while at work et work 19....., that I last saw the deceased 22. I hereby certify that I attended the deceased from L. death certificate alive on. and that death occurred from the causes and on the date stated above 10.M (Street, city, town, state) M. D. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. DATE THEREOF LOCATION (City, fown, or county) [Stetn] REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS



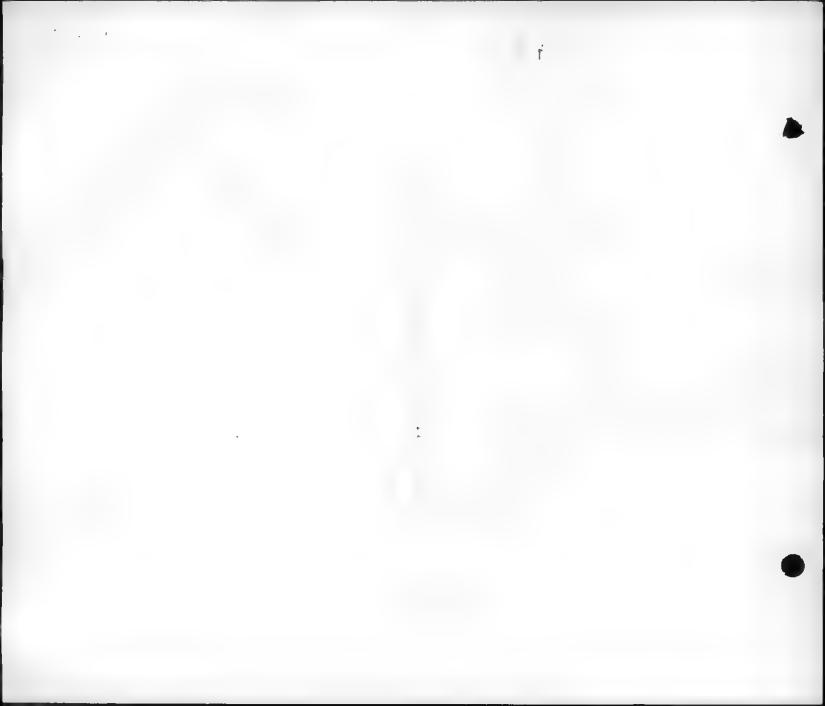
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10444 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	7.1
COUNTY Rung Rrund MARYLAND	STATE Mod Course Course	NTY
CITY (If outside corporate limits, write RURALLIENCTH OF STAY	CITY (If outside corporate jumits, write RURAL a	ind give nearest town)
OR and give nearest town) O(in this place)	TOWN CALL RES	×
HOSPITAL OR	STREET (If rural, give location	4
INSTITUTION OR STREET ADDRESS	ADDRESS / Frushing Pout Road	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) 400/5	MITH SR DEATH: NOV 18	ر کروا
5. SEX: 3. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: If UNDER 1 1	ays Hours Min.
(Specify): M	76 yrs. 2	9
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O work done during most of working iife, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
even if retired): Murdant min	Churaylones 1	J.R.
13. FATHER'S NAME:	14. MOTHER'S MAHDEN NAME:	
,		
15 WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
service) Hand	The Mar	
18. MEDICAL CERTIFICAT	ION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1	11- 1-	Lumba
Immediate cause (a)		6 m : 19
Antecedent causes (s)		400
Diseases or conditions, if any, (b)	my theline	· frans
stating the underlying cause last. DUE TO		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not	zenturain.	2
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes [] No []
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street of office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) (INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY M. Work At Work		
22. I hereby certify that I attended the deceased from Oct.	3 1955 to Nor /8 1955, that I last	saw the deceased
	2:15AM, from the causes and on the date	
SIGNATURE (Degree or title)	ADDRESS D.	ATE SIGNED
Luis . / meloz M.D.	1019 St One M 11,	118/55
23. BURIAL CHANATION, DATE THEREOF NAME OF COMETE		ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNEBAL DIRECTOR	ADDRESS
Moreufer 19. 1955 R.W.	KICCULY TUNCER!	Harry.

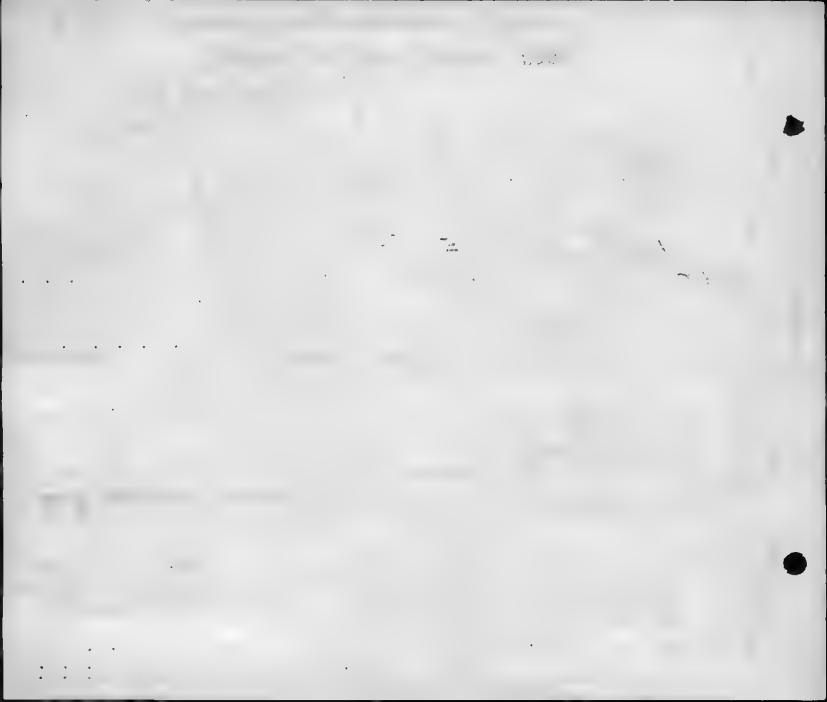


10448

19402 CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE O	FDEATH		1 2 USUAL BESIDE	NCE (HOME) OF DECE	ASED
I. PLACE O	A		2. USBAL RESIDE	A	/
COUNTY 4	NHE ARUN	DI / MARYLAND	STATE	COUNTY 4N	No HEUNELL
	tside corporete limits, write RURAL	LENGTH OF STAY		orate limits, write RUBAL and giv	
OR and s	ifre neerest fown)	(in this plece)	OR TOWN	ance for	1
(1)	INNATULIS	1/244>		ING GRE	
HOSPITAL O		1	STREET ADDRESS	(If rural give loca	ation]
STREET ADDE		DEX. C. G. N. to.	CA /T	124	
3. NAME OF		(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print	HARRY	HOUSE 571	PENTER	DEATH NO	1, 3, 19.55
5. SEX			E OF BIRTH	9. AGE lest birthdey If L	INDER TYEAR JIF UNDER 24 HRS.
1 /11	RACE / W	DOWED, DIVORCED,	T17 1873	17 yrs. Mor	oths Doys Hours Min.
10a (ISHAL OCC	UPATION (G've kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (Stele or for	L /	12. CITIZEN OF WHAT
done during	most of working life, even if net maker	OR INDUSTRY			COUNTRY?
E ALIGHADT	net maker	Bldg. Trades	Peterborough	England	U. S. A.
13. FATHER'S NA	ME		14. MOTHER'S, MAIDEN	NAME	
Ja	ck House Spence	r	Ellza	Spencer.	
15. WAS DECEA	SED EVER IN U. S. ARMED FORCE	IFS? 16. SOCIAL SECURITY NO	.17. INFORMANT &	ADDRESS	
(Yes, no, or unk.)	(If Yes, give war or detes of se	rvice)	verna Jane	Spencer, Eppi	ng Forest,
	1			apolis, Md. R.	r. D. #L.
I DISEASES OR	CONDITIONS DIRECTLY LEADING	TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1 6 . 3		13 000 al 00.1	/		
4-2 11	AMEDIATE CAUSE (A)	CICKONTARY	OCCHUSIO	4	SWKS
/ AN1	TECEDENT CAUSE(S) DUE TO	5	2 2/- >	- A	66
DISEASES OR C	ONDITIONS, IF ANY, (B)	ARTERIOSCHER	OTIC HEAR!	P15/5/5	unk nown
GIVING RISE TO	THE ABOVE CAUSE DUE TO	5			
STATING DIVER	(C)				
11 OTHER SIGNIFI	CANT CONDITIONS CONTRIBUTION	NG			
	BUT NOT RELATED TO THE				
19a, DATE OF O	ONDITION CAUSING DEATH,	PR FINDINGS OF OPERATION			ZO. AUTOPSY?
198. DATE OF O	EKATION 196. MAJO	K FINDINGS OF OPERATION			YES NO
21. ACCIDENT	WAS UNDERLYING [21b	PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCU	IR? (City or town)	(County) (State)
OR CONTRIBUTING		JURY street, office bldg., etc.)	21c. WHILE DID HOOK! OCC	or: (Cut or lown)	(County) (Stead)
Company Company	URY (Month) (Dey) (Yeer)	(Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCC	JR?	-
		M. at work at work			
22 I beselv	a andifer that I attended	the deceased from 10	75 1055 10 8	1/01/ 1057 11	ant I last saw the deceased
		,,, and that death occurred			
SIGNATI	JRE /	1-	Ill L' APE	RESS (Street, city, town, stat	DATE SIGNED
2 / 5/1	(RAYA)	DAR M.D. 4	1 Soull Kox	750 (1/20Ch	messelio 1/13/17-
- 23. BURTAL, CRE	MATION, OATE THERE	OF NAME OF CEMETERY	OR CREMATORY	LOCATION (City, fown, or	county (State)
REMOVAL (PECIFY)	655			
Burial	Nov	7. 1953. Glenwood	Cemetery	Washington	D. C.
2 24. REC'D BY RE	GISTRAR REGISTRAR'S	SIGNATURE	7 ZS. FUNERAL DIRECTOR'S	SIGNATURE OF L	ADDRESS
DATE MAY. 8	1955 1/1	Wound	p. Arthur Wal	ters, 254 Carr	ST 33. H. C.



NSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

10403CERTIFICATE OF DEATH

			2/	
Reg.	Dist.	No.	 a. I	**

	MARYLAND	STATE DEP	ARTMENT	OF HEALTH-	BALTIMORE,	18 10	1449
	10403CE	RTIFIC	ATE	OF DEA		teg. Dist. No.	21.
1. PLACE OF DEAT	Ĥ	. /	2.	USUAL RESIDE	NGE (HOME) OF	ECEASED	
COUNTY CE	and a word	MARYLA	ND	STATE MANUEL	COUNTY	and ar	words
CITY (If outside corp OR end give neare	orate limits, write RURAL (LENGTH OF	STAY	CITY (If outside earn	porate limits, write RURAL	end give naarest town	1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Inne aundel	General Ha	nutsi	STREET ADDRESS R.1	7/	ive location)	Greyath S
3. NAME OF DECEASED (Type or Print)	(First) AALUCHI	(Middle)	TIERN	AN	4. DATE (MO	Volume (Day)	(Year)
	LOR OR 17. SINGLE, I	MARRIED, D, DIVORCED,	B. DATE OF BIRT	1-55	9. AGE last birthday	Months Days	IF UNDER 2
10a. USUAL OCCUPATION dona during most of vertired)			11. 1	MICH WICE	eign country)	12. CITIZ	EN OF WHA
13. FATHER'S NAME				4. MOTHER'S MAIDEN	NAME		
[el	ILLIAM T.	IERKA!	Y	0	scille "	Mosara	10
15. WAS DECEASED EVER	- y y - 1 y	16. SOCIAL SECUI	1	17. INFORMANT &	ADDRESS	1100 470 507	4
(144, no, or unk.) (ii res	, give well of delet of service)	0,,,,,,		IN	n /ten	naw	
1 DISEASES OR CONDITION 340. C	CAUSE (A)		THE MILE	irgilia - o	rjanism un	ON	erval between set and de
ANTECEDENT DISEASES OR CONDITION GIVING RISE TO THE AB STATING UNDERLYING C	IS, IF ANY, (B)	unicolized	system	ue infect	in - influe	nggl	7 da
11 OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	RELATED TO THE	None					
190. DATE OF OPERATION	. 196, MAJOR FIND	INGS OF OPERATION	currogisas	An stat	ed above (18		O. AUTOPSY
21a. ACCIDENT WAS UN OR CONTRIBUTING TO CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH OF INJURY #	(Home, ferm, fectory, treat, office bidg 7 etc.)	1 21c. V	HERE DID INJURY OCC		(County)	(State)
	ionth) (Day) (Yeer) (Hour)	21e. INJURY OCCUR While Not	while -	OW DID INJURY OCC	UR?		
22 I haraby cart	fy that I attended the		7	10 6"5" In 1	L:35.20 10 4	Carlhat I lact ca	w the dec
	v · 20, 19 5.5		11 1		causes and on the	date stated above	
SIGNATURE /	1 annyak		м в. 9	1 Edgerl	RESS (Stroy), city, to		1/-Z
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE WEREOF	77 NAME OF C	EMETERY OR CREM	ATORY // /	Stock.	an or county to	(Sf
24. REC'D BY REGISTRAR	REGISTRAC'S SIGN	ATURE I	25	FUNERAL DIRECTOR	S SIGNATURES	GE ADDRES	Semo
DATE / LT 22, 11	00 0/m.	Lunen	wy /	Miner	V 171110	/	



	INSTRUCTIONS	1
2	10 ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.	rted with
7	TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hou	72 ho
	certificate has been executed by the attending physician and completely filled in by the funeral director	director
	death certificate assembly should be detached for use as a burial transit permit.	

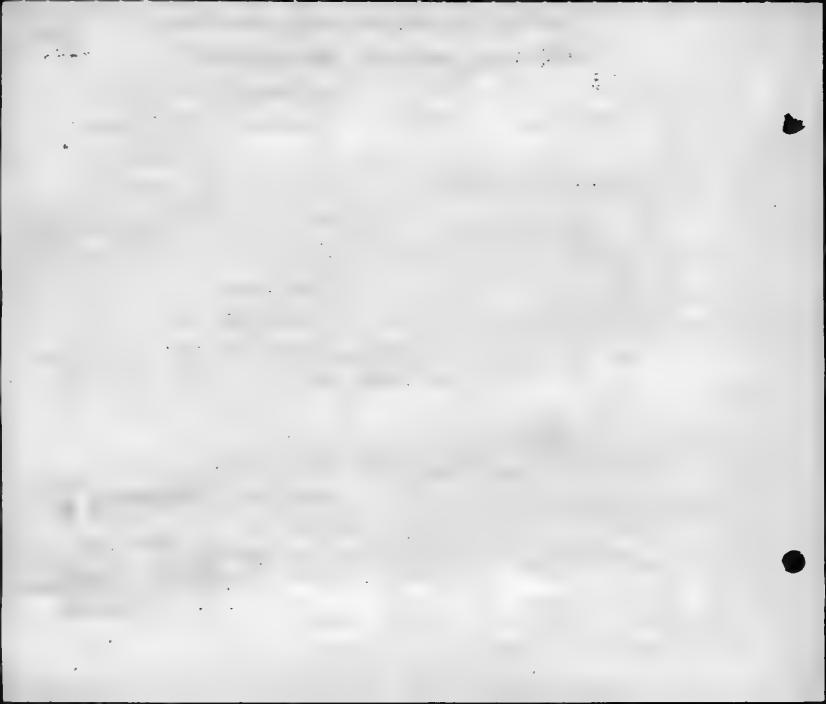
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10445 CERTIFICATE OF DEATH

10450

27

1. PLACE O	OF DEATH				2. USUAL R	ESIDENCE	(HOME) OF	DECEASE	D	
		307	***			faryl and				
COUNTY (II or	Arine Aruno		MARYL.			tside comorele li			rest town)	
OR end	give neerest town) Geo G Meac		{In this pi		OR TOWN		timore			34 1 +
HOSPITAL C		16	1 10 11	OHUMA	STREET	Dar		giva location)		
INSTITUTION	I OR	my mospital			ADDRESS	2725 .la	hrr el vrr	Avenue		
3. NAME OF	F (First)		(Middle)		(Lasi)		. DATE		(Day)	(Year)
DECEASI (Type or Prin			Eldridg	,6	Trumps		OF DEATH	Novemb	er 8	19 55
5. SEX	6. COLOR OR	7. SINGLE, MARRI	ED.	8. DATE OF		9. A	GE last birthday			IF UNDER 24 HRS
lale	RACE White	WIDOWED, DIV (Specify) Si	ngle	8 No	vember 19	755	У	rs. Months	Days	Hours Mis.
100. USUAL OCK	CUPATION (Give kind o	f work 10b, KIN	D OF BUSINES	·	II. BIRTHPLACE (Sta		untry)	12	. CITIZEN	OF WHAT
entired)	most of working life, e	OR OR	INDUSTRY		Marylan	nd			COUNT	SA
13. FATHER'S N					14. MOTHER'S			1		
Shi	rly Ray Tru	ımps			Kather	ine Ann	Herber	t		
15. WAS DECEA	SED EVER IN U. S. AR	MED FORCES? 16	. SOCIAL SEC	JRITY NO.	17. INFORA	MANT & ADDRE	ss Jothe	er: 140	l Sau	nders
(Yas, no, or unk.)	(If Yes, give wer or	detes of service)	none	CONTRACTOR TOP TO		Glen Bur				
	GONDITIONS DIRECTLY			DICAL CER	TIFICATION					VAL BETWEEN ET AND DEATH
		-	aatania	. %374						rs 55 mi
	MMEDIATE CAUSE		ectasis	, bilat	erar					13)) 1112
	TECEDENT CAUSE(S)	Dia Dia	phragma	tic her	nia, left	;				
GIVING RISE TO	THE ABOVE CAUSE	DUE TO								
		(c) ner			ll bowel,					
TO THE DEATH	FICANT CONDITIONS CO	THE des	cending	colon,	left lob	e of li	ver, sp	leen,		
DISTASE OR C	ONDITION CAUSING DI	EATH PALL			t thoraci	re cavit	У	·	20.	AUTOPSY?
1741 27110 07 0	1-		0, 0, 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					YES	
OR CONTRIBUTIN	WAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	OF INJURY street, o	, ferm, fectory office bldg., etc.		ic. WHERE DID INJU	RY OCCUR? (C	lity or town)	(Cour	nty)	(State)
21d. TIME OF IN	JURY (Month) (Dey)	Whit		RRED 2	NI, HOW DID INJUI	RY OCCUR?				
22. I harab	y certify that I	attended the decer	sed from 0]	150 8 No	V 19.55	0445 8	Nov1955	2 that I	last saw	the deceased
	0445 8 Nov									
BIGNAT	URE	-	1 st	_		ADDRES	\$ (Straet, city,	town, stala)	D	ATE SIGNED
1,000	E ORMAN SO		welly	_M.D.		Meade,			Nov	
23. BURIAL, CR REMOVAL (EMATION, DA	ATE THEREOF	NAME OF	CEMETERY OR	CREMATORY		CATION (City,			(Stata)
Buria	1	9 No 7550	Post	Cemeter			t GG Me			
24. REC'D BY R	EGISTRAR / BE	GISTRAR'S SIGNATURE	Li 12 m 3	100	25. FUNERAL DIR	-			ADDRESS	3
DATE	W.	L. SAYLOR	, T/ PT 1	VIDU	Chaplain	n nusse.	LL, rt	GG MESO	ie, mo	l.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

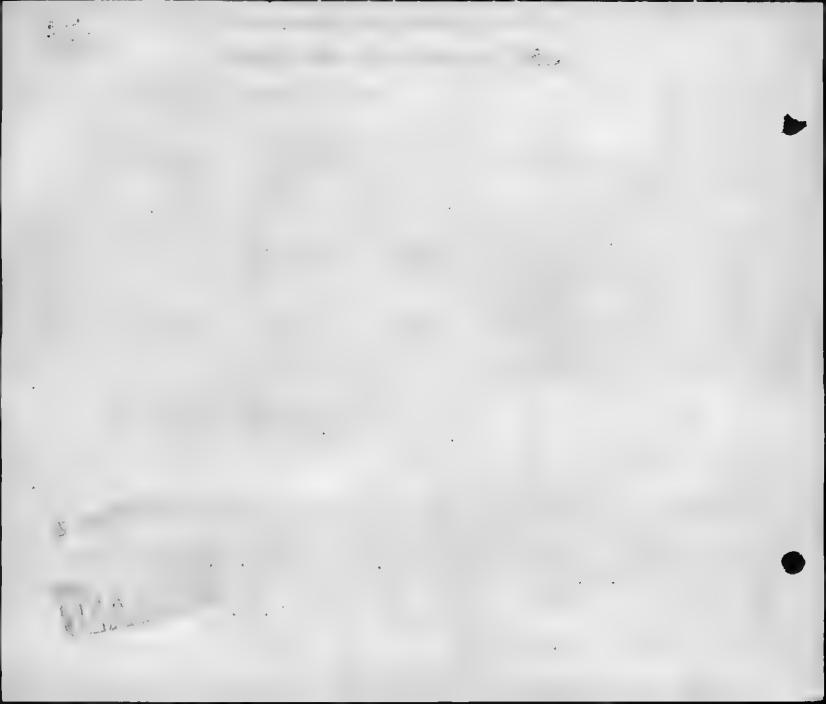
10404 CERTIFICATE OF DEATH

10451

Reg. Dist. No.

USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY ANNE ARUNDEL MARYLAND	STATE Md. COUNTY A	, A.
	CITY (It outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corporate limits, write RURAL end give naere	est fown)
	OR and give glarest town) TOWN (in this piece)	TOWN ANNAPOLI	·2 · ·
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 Wast St	STREET (Il rurel give location) ADDRESS 3 / 7 Wort	St'
	3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) (A A B A E S THOMAS	(Last) 3 4. DATE (Month) OF DEATH NOV.	(Ooy) (Yoor) 1 / 19 53
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify) WILLIAGUED MA	F BIRTH 9. AGE lest birthdey 1 F UNDER Months 7 3 yrs	1 YEAR IF UNDER 24 HRS. Days Hours Min.
		1). BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	13. FATHER'S NAME Walton	14. MOTHER'S MAIDEN NAME.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, ng, or unk.] (If Yes, give wer or detes of service)	- Clara Greenweil 3	17 Uset StANG)
i	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
	4.00. / IMMEDIATE CAUSE (A) COTONSTY thrombo	ari e	2 hrs
	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (B) <u>arteriosclerotic</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	cordio-vascular disease	
	(c) gen. arterioscl	erosis	<u> </u>
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Pic. WHERE DID INJURY OCCUR? (City or town) (Count	(Stete)
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased fromJan	, 19 55, toNo.v23, 19.55, that 1	last saw the deceased
	alive on Nov. 22,, 19.55, and that death occurred at.	5	d above.
10 _M	SIGNATURE DI Corroule "	ADDRESS (Street, city, town, state)	DATE SIGNED
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	Annapolis Md. 1 CREMATORY LOCATION (City, town, or county)	1/23/55 (State)
A15C	SEMOVAL ISPECIFY	1	is Md.
VS	24. REC'D BY REGISTRAR REGISTRAR SIGNATURE	1 / Clear Cara	DORESS
	DATE MORT 30, 1955	Bernard O. Harrens He	Herrick Med



TYPE

PLEASE

VS. A15-10-53

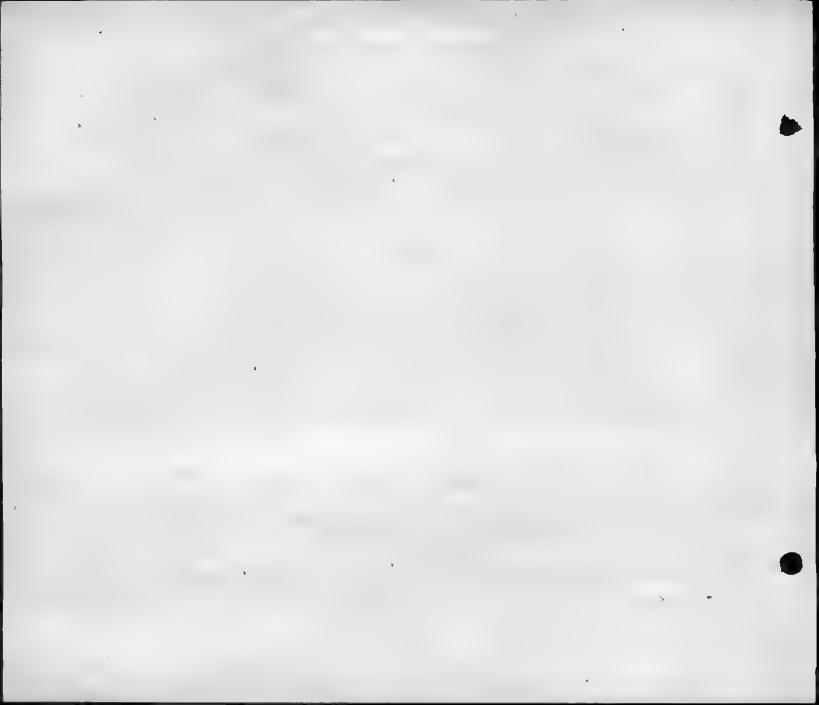
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19446 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASE);
COUNTY A .A .CO.	MARYLAND	STATE Md. COUNTY A .A.	Co.
CITY (If outside corporate limits, write OR and give nearest town)		CITY(If office corporate limits, write RURAL a	
Y TOWN	(in this place)	TOWN Tely Burn	u x
HOSPITAL OR BOX 276		STREET (If rural give location)	/
	. & Ivy Ave.	Box276 Solley Rd. & Ivy A	ve.
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) JULIUS	B. WARR	DEATH: A COLOR	, 19 55
5. SEX: 6. COLOR OR 7. SINGLE WIDOV (Specify	VED, DIVORCED,	of BIRTH: 9. AGE last birthday Ir under 1 y Months D	ays Hours Min.
10A USUAL OCCUPATION (Give kind of 1 work done during most of working life, even if retired); boner	OB. KIND OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	Gas Co.		• D • N •
		14. MOTHER'S MAIDEN NAME:	
Nathun Warren	11. SOCIAL SECURITY NO.	Louise 4	
(Yeş, no, or unk.) (If Yes, give war or dates	IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: BOX 276 Cecelia Warren Solla	D 7 01
NO 22 of service)			y Rd. %ivy
I DISEASES OR CONDITIONS DIRECTLY	16. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
420.1	1		ONSET AND DEATH
IMMEDIATE CAUSE	(A) Carouc	un le couling -	
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY,	(B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		
V. OTUER CICALIFICANT COMPLETE	(C)		
II OTHER SIGNIFICANT CONDITIONS O			
DISEASE OR CONDITION CAUSING			}
194. DATE OF OPERATION: 198. MAJO	R FINDINGS OF OPERATIO	N	20. AUTOPSY1
			YES NO
21A ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IB. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory, 21c WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended t	he deceased from	, 1954, to 9/ 14, 195 4 that I last	saw the deceased
alive on 4, 2, 2 ., 1946, ar		M, from the causes and on the date :	stated above.
SIGNATURE A	11	· · · · · · · · · · · · · · · · · · ·	E SIGNED
23. BURIAL, CREMATION, DATE THERE		. D. ERY OR CREMATORY LOCATION (City, town, or	county) (State)
DEMOVAL (EDECIEV)	1955 Arbutus M		
	'S SIGNATURE	emorial P Arbutus Md.	ADDRESS 22 N
DIREGISTRAR	V	me Metia Orlillian al	ADDRESS 42 N
167emper 46 1955 12-10		My Jame & Williams Des	WHALL SO



this this

72 hours after death. After director, the third copy of

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A1\$04-55 10M

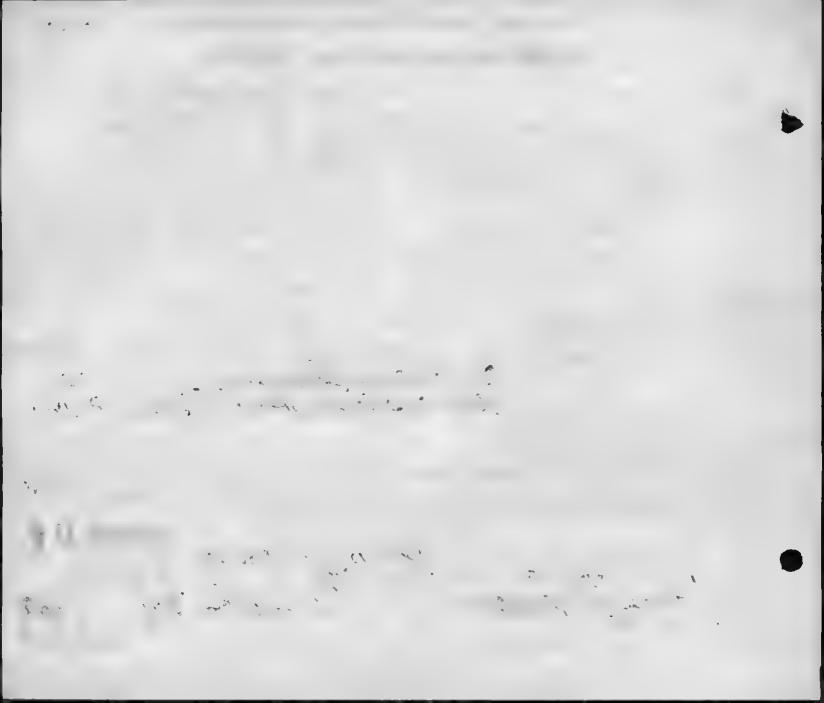
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10453

10405 CERTIFICATE OF DEATH

		Reg. Dist.	No. 11
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY A.A	MANYLAND	STATE MA	1
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (# outside corporate limits, write RURAL and give nears.	et town)
OR and give agerest town)	(In this place)	TOWN FORFUL DITE	
HOSPITAL OR ALLNAPOLIS	1	LUYEWHIER	<u> </u>
INSTITUTION OR A A CENERA	al Hospt.	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) DECEASED ((Middle) J		(Dey) (Year)
(Typa or Print) 5. SEX 6. COLOR OR 7. SINGLE, MAR	RDEN	OF DEATH // SO OF BIRTH // SO OF BIR	22 1955
RACE WIDOWED, (Specify)		OF BIRTH 9. AGE lest birthday IF UNDER 1 16 / 18 77 7	Days Hours Min.
	COLUOR R	11./ BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
RICHARD 1 Wil	ER	MARY E. THRUSH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no, or unk.) (If Yos, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
[1 Tay gra wat at anter at accretion		THOMAS E, LEE MA	WO. MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
4-20.0 IMMEDIATE CAUSE (A)	oronay	Thromboris	ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	17 (/	2 4 1/2 1/20	Sult
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Muissel	and plant days	+ Ju
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 19b, MAJOR FINDING	S OF OPERATION		OO ALITOOFU
175. MAJOR ANDING	3 OF OFERNION		YES NO W
216. ACCIDENT WAS UNDERLYING 216. PLACE (Ho OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY streat (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, farm, factory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
W	ta. INJURY OCCURRED /hila Not while work et week	21. HOW DID INJURY OCCUR?	
22. I-hereby certify that I attended the dec	aread from Stora	10, 1953, 10 NOVI 22, 1955 that I le	
13 11-77-18-		And a second	
SIGNATURE	nd that death occurred a	ADDRESS Street, city, 19mn, steely	
traine le Hant			DATE SIGNED
23 BURIAL CREMATION. M DATE THEREOF	M. D.	R CREMATORY LOCATION (City, town, it county)	11/07/2
REMOVAL (SPECIFY)	I THANK OF CEMERKS OF	COCATION (City, fown, or county)	/ (pioto)
PURIAL MILITERS	2 1hh 1191	phows I Lavio Souville	E MD
24. REC'D BY REGISTRAR REGISTAR'S SIGNATUR	RE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
DATE NOV. 25 1955 11	Joursel	LOHNM. LAYLOR + JONS H	HNAPOPIS



Rag 0:454

APDRESS

(State)

LOGATION City, town, or county)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 27

MEDICAL	MARWIII	VER S CER		7 1 17	Or .	DEAL	TT N	0 (*** ****
I. PLACE OF DEATH:			2. USUAL RI	ESIDENCE	(HOME) O	F DECEASE	D;		
COUNTY Anne Ar	rundel	MARYLAND	STATE	Md.	COUN	rr Pri	lnce G	eorges	5
CITY (If outside corpora	te limits, write RUF	LENGTH OF STAY	CITY (If	outside corp	porate limita	write RURA	L and giv	ve nearest	town)
OR and give nearest to	G. Meade.	Md. few instant	s TOWN	Laurel	L, Md.			16	41X
HOSPITAL OR JUSTITUTION OR			STREET ADDRESS			ural, give loca	ation)		
STREET ADDRESS I	ft. George G.	. Meade Hospital	. II	344 Ma	ain Str	eet			V
3. NAME OF DECEASED:	(First)	(Middle)	(Last)	4	. DATE	(Month)	(Day)	(Year)	
(Type or Print) Do	prothy	Karen	Willow		DEATH	Nov.	_ 11,	19 4	55
5. SEX: 6. COLOI RACE	R OR 7. SINGLE	VED DIVORCED	E OF BIRTH:	9. A	GE last bir	thday: IF UN			
F White	(Specify	o: Single Oc	t. 29, 19			yrs. Mont	1 7 3		Min.
work done during mo	et of work life,	0b. KIND OF BUSINESS (INDUSTRY:				eign country)	: 12. CI	TIZEN OF DUNTRYT	WILAT
even if retired): no	one	none		ade Hos		- Md.		U.S.A.	•
13. FATHER'S NAME:			14. MOTHER	'S MAIDEN	NAME:				
William H.	Willow		1 Doroth	y Terre	11 Rog	ers			
15. WAS DECEASED EVER IN (Yes, no, or, unk.) (If Yes,	U.S. ARMED FORCES?	16. SOCIAL SECURITY No.:	17. INFORMA	NT & ADD	RESS:				
No service)		None	Mrs.	D. T. V	Villow	(mother))		
			CAL CERTIFICA	TION			11	NTBRVAL B	Lemwaras
I. DISEASES OR CONDITI	ONS DIRECTLY LE)NSET AND	
Immediate cause	(a)	Ligature	strangula	ation					4 4431 *****
Tillimediate cause	DUE TO								
Antecedent cause(B) (b)								
Diseases or conditions, giving rise to the abo	ve cause DUE TO		•	• •	•				****
stating underlying ca							1		
II. OTHER SIGNIFICANT TO THE DEATH BU DISEASE OR CONDIT	CONDITIONS CONT T NOT RELATED		,			*** * * **			
		INDING OF OPERATION:					2	O. AUTO	PSY 7
0		<u>.</u>						Yes	
21a. EXTERNAL CAUSE Y PRIMARY OF CONTRI CAUSE OF DEATH.	BUTING D O	LACE (Home, farm, factor F street, office bldg., et VJURY	24,	or town)		(County)		(State)	
21d. TIME (Month) (Day) OF INJURY	(Year) (Hour) 2 M.	le. INJURY OCCURRED While at Not while work at work	21f. HOW	DID INJU	RY OCCUR	.1			
		of the remains descr							
	sulted from: Na	tural causes 🗌 , Acc	ident 🗆 , Su						
SIGNATURE JA	nel-/h	rer_	м. D.	DEPUTY .	EDICAL EX MEDICAL T MEDICA	EXAMINER	21	DATE SI -/2-	SNED

CREMATORY

FUNERAL DIRECTOR

SEMETERY OR

WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please PLEASE

23. BURIAL, CREMATION, BEMOVAL (Specify):

THEREOF

NAME OF

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

50

10 A15A



The law requires that the death certificate be executed within

RSTRUCTIONS

10448 CERTIFICATE OF DEATH

Reg. Dist. No. 2/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Anne Arundel CrownsvillemaryLand	statBaltimore county			
City (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) [in this place]	CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN Annapolis, Maryland 1 year	TOWN Baltimore city, Maryland 3 *			
HOSPITAL OR	STREET (If rural give location)			
INSTITUTION OR STREET ADDRESS Crownsville StateHospital	ADDRESS 1610 Durham Street			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) George Wings				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED.				
Male Negro Matrited 2-13.	-? 82 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Laborer Private Industry So	outh Carolina U.S.A.			
Samuel Wingate	14. MOTHER'S MAIDEN NAME Lenson ? Wingate			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service)	LTS. Cora Wingate wife Baltimore, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN			
422 . Immediate cause (A) arterior cleratic	Cardiograscular huseasc ca del			
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	(m			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION / 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
April, 1955 / Cataract Removal	No Complications YES NO			
21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Homa, Iarm, fectory, OF INJURY street, office bidg., atc.)	Ic. WHERE DID NJURY OCCUR? (City or town) (County) (State)			
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s, INJURY OCCURRED While Not while At work at work	211. HOW DID INJURY OCCUR?			
	1 10 32/0//27			
22. I hereby certify that I attended the deceased from 11/17/5/				
alive on 1.1	ADDRESS (Street, city, town, state) DATE SIGNED			
111.01	rownsville StateBospital 11/26/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR C. 1. 1955 Part. C. Longue	CREMATORY LOCATION (City, lown, or country) (State)			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE COM Township	PL-TRUICE MAN 170 3 4			



After this ny of this

the registrar within 7.2 hours after death. in by the funeral director, the third com

Allop

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10449 CERTIFICATE OF DEATH 10456 28

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DEC	EASED
COUNTY Anne Arundel	MARYLAND	STATE Maryla	nd county	Baltimore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ele limits, write RURAL and s	giva nearest town)
OR and give nearest town)	(in this place)	TOWN Polt4	nama Cita	3401.4
Crownsville	42 days	STREET	more City	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State	Hospital	ADDOCCC	St. George Av	
	(Middle)	(Lust)	4. DATE (Month)	(Day) (Year)
(Type or Print) Maggie		Wright	DEATH 11	21 ,, 55
5. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV		OF BIRTH 9	-	UNDER 1 YEAR HE UNDER 24 HR5.
Female Negro WIDOWED, DIV	down	Unknown	80? yrs. M	onths Days Hours Min.
112	D OF BUSINESS	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT
dona during most of working life, even if OR retired)	INDUSTRY		•	COUNTRY?
Unknown		South Carol		U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Unknown			Unknown	
	SOCIAL SECURITY NO.	17, INFORMANT & A		
(Yes, no, or unk.) (If Yas, give wer or dates of service)	Timle	Unand	tal December	
Unk. /	Unk.		tal Records	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IO. MEDICAL CE	RIFICATION		ONSET AND DEATH
434 / IMMEDIATE CAUSE (A) Cong	estive cardia	c failure		
ANTECEDENT CAUSE(S) DUE TO				
CHINIC DISE TO THE ABOVE CALLED	lete heart bl	ock		
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rioslcerotic	heart disease		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
0				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom- OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a.	INJURY OCCURRED	216. HOW DID INJURY OCCUR	7	
M. Whi	le ark el wark			
22. I hereby certify that I attended the decen	sed from 10/10	1955., to	11/21 19 55	that I last saw the deceased
alive on 11/21 19 55 and	that death occurred a	10:25p mom the ca	suses and on the date	stated above.
SIGNATURE //	(L. Benedict		ESS (Streat, city, town, st	lata) DATE SIGNED
Melecles	M.D.	-	sville. Md.	11/21/55
23. BURIAL, CREMATION DATE THEREOF	I MAME OF CEMETERY O		LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	hit (Y. Buch.	3. A.	hall!
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 1101. (muy	Janum	ADDRESS TO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	m a	CALL COLLY	GUATURY CLOSEL	CA AUGUSTA
care Statherine	111 Course	1/0.31 1/1	111.20 14	ell lage

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with mertificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTC 1-511 10M

X

HEARD TO STADIFICATE OF DEATH Mary Eller View Live Internal Add to MODEL TOTAL WILLIAM IN CALL OF SUPPLY OF The late of the artist and 15. e mil us il a company to BUREAU V. S. Saut 5 VOV - - -The state of the s

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and camplately filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10450 CERTIFICATE OF DEATH

10457

1. PLACE OF DEATH	2. USUAL RESIDENCE	E (HOME) OF DE	ECEASED	
COUNTY Anne Arundel HARYLAND	STATE Marylane	d COUNTY	Baltimore	e City
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	CITY (If outside corpore	te limits, write RURAL er		
TOWN Crownsville 17 yrs. 25days		ore City		3101.4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS None	(lf rurel giv given	a focation)	1
3. NAME OF (First) (Middle) (Type or Print) Dudd Y	(Lest) oung	4. DATE (Mon	(Dey)	1 (Year)
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (MIDOWED DIVORCED, 1) Nage (Specify) Single	of BIRTH 9.	AGE last birthday	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)		NOF WHAT
retired) Inknown Inknown	Michigan		600	"U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME		
Jim Young	Sue Willi	S		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service) Unk. Unk.	Hosp	ital Record	is	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Parkinsonism		Known to	us since
DISEASE OR CONDITION CAUSING BEATH.			10/7/38	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				O. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not white et work	211. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/29	, 19.51 , to 11/	1 19 5	5 that I last say	w the deceased
alive on11/1	1.8:45a, from the ca		date stated above	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town	n, or county)	(State)
24 RECID BY REGISTRAR REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	

SECRETARY STATE PRINTENDER OF STREETS PARTY OF A STREET HTARO OF STADRITHO OF DRATH Y 2501 tire to the miles of the first the first the same and the same The second secon